2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 15, 2005 8:00 am **Secretary of State** DOCUMENT # N96000002464 1. Entity Name 02-15-2005 90026 039 ****70.00 PASCO COUNTY MOUNTED POSSE, INC. Principal Place of Business Mailing Address 18828 FLORALTON DR 18828 FLORALTON DR SPRING HILL FL 34610 SPRING HILL FL 34610 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-3379117 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Ronald Simicho ROSSI, LOUIS Street Address (P.O. Box Number is Not Acceptable) 18828 FLORALTON DR SPRING HILL FL 34610 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution, Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11 ☐ Delete TITLE ☐ Change ☐ Addition MICHALAK, RONALD S NAME NAME 18828 FLORALTON DR STREET ADDRESS STREET ADDRESS SPRING HILL FL 34610 CITY-ST-7IP CITY-ST-ZIP Addition TITLE Detete TITLE ary Crews 1315 Handcart Ro CHILDERS, LORI NAME NAME 3447 PARKWAY BLVD. STREET ADDRESS STREET ADDRESS LAND O LAKES FL 34639 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition MICHALAK, KAREN NAME NAME 18828 FLORALTON DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34610 CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change WOLF, BARB NAME NAME 8700 FT. KING RD. STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33541 ade lity, FL 33525 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THILE DAVIS, CAROLYN NAME NAME 39724 RICHARD RD STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33540 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Addition ROSSI, KATHLEEN NAME NAME 17953 EAST RD STREET ADDRESS STREET ADDRESS HUDSON FL 34667 CITY-ST-78P I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED