

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N14694 (6)**  
1. Corporation Name  
**SHERIFF'S POSSE OF BROWARD COUNTY INC.**



Principal Place of Business

Mailing Address

2601 W. BROWARD BLVD.  
FT. LAUDERDALE FL 33311  
US

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FT LAUDERDALE FL 33311  
US

3. Date Incorporated or Qualified  
**05/01/1986**

3a. Date of Last Report  
**06/26/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
**59-2681270**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURRAY, MARK  
2601 W BROWARD BLVD  
FT LAUDERDALE FL 33311

81 Name **Murray, Mark**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2601 W Broward Blvd**

83

84 City **Ft Laud.**

FL

85 Zip Code  
**33311**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Mark Murray**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
**7-22-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE  
NAME **KOVACH, CHARLES**  
STREET ADDRESS **P O BOX 22531**  
CITY-ST-ZIP **FT LAUDERDALE FL**

1.1 TITLE **P** ☒ Change ☐ Addition  
1.2 NAME **Hunt, Bob**  
1.3 STREET ADDRESS **250 N.E. 41 Street**  
1.4 CITY-ST-ZIP **Pompano Beach, FL 33064**

TITLE **V** ☒ DELETE  
NAME **BEATTY, WILLIAM**  
STREET ADDRESS **2815 NE 9 TERR.**  
CITY-ST-ZIP **WILTON MANORS FL**

2.1 TITLE **V** ☒ Change ☐ Addition  
2.2 NAME **Cole, Clifton**  
2.3 STREET ADDRESS **19320 NW 2 Street**  
2.4 CITY-ST-ZIP **Pembroke Pines, FL 33029**

TITLE **T** ☒ DELETE  
NAME **ANZ, ROBERT F**  
STREET ADDRESS **4165 SW 24TH ST**  
CITY-ST-ZIP **FT LAUDERDALE FL**

3.1 TITLE **T** ☒ Change ☐ Addition  
3.2 NAME **MARC Dickerman**  
3.3 STREET ADDRESS **1850 NE 48 Street #229**  
3.4 CITY-ST-ZIP **Pompano Beach FL 33064**

TITLE **S** ☒ DELETE  
NAME **STACK, CATHERINE**  
STREET ADDRESS **2449 WHALE HARBOR LN.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

4.1 TITLE **S** ☒ Change ☐ Addition  
4.2 NAME **Rita Tritt**  
4.3 STREET ADDRESS **6721 SW 17 Street**  
4.4 CITY-ST-ZIP **Pompano Beach, FL 33068**

TITLE **CD** ☐ DELETE  
NAME **COCHRAN, RON**  
STREET ADDRESS **2601 W. BROWARD BLVD.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **MURRAY, MARK**  
STREET ADDRESS **2601 W. BROWARD BLD.**  
CITY-ST-ZIP **FT LAUDERDALE FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Mark Murray**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-22-96**

Date

**954-321-4100**

Daytime Phone #

CR2E037 (12/95)