


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90107 016 \*\*\*\*61.25

<b>DOCUMENT # 713492</b>	
1. Entity Name <b>MANATEE COUNTY SHERIFF'S MOUNTED POSSE AUXILIARY, INC.</b>	

Principal Place of Business <b>2409 LENA RD. BRADENTON, FL 34202 US</b>	Mailing Address <b>2409 LENA RD. BRADENTON, FL 34202 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07122005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-1910864</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WELLS, CHARLES B. MANATEE AVE BRADENTON, FL 33505</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARETT, PATRICIA</b>	NAME	
STREET ADDRESS	<b>5119 18TH ST. W</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON, FL 34207</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDRIDGE, RACHEL</b>	NAME	
STREET ADDRESS	<b>4511 3RD ST CIR W. APT 290</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON, FL 34207</b>	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDRIDGE, DANA</b>	NAME	
STREET ADDRESS	<b>10307 SANDPIPER RD W</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAN HOOSE, PAM</b>	NAME	
STREET ADDRESS	<b>1510 67TH CT E</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON, FL 34208</b>	CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WESTBROOK, ROBERT</b>	NAME	<b>President</b>
STREET ADDRESS	<b>2205 24TH AVENUE</b>	STREET ADDRESS	<b>Bill Yow</b>
CITY-ST-ZIP	<b>PALMETTO, FL 34221</b>	CITY-ST-ZIP	<b>5211 Wingate Rd.</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<b>Myakka City, FL 34251</b>
NAME	<b>HICKS, IAN</b>	NAME	
STREET ADDRESS	<b>5211 WINGATE RD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MYAKKA CITY, FL 34251</b>	CITY-ST-ZIP	

12. 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.

SIGNATURE: *Dana Sandridge* Treas. 7.20.05 941-744-3501  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #