

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713492

Entity Name: MANATEE COUNTY SHERIFF'S MOUNTED POSSE AUXILIARY, INC.**FILED**
Feb 03, 2020
Secretary of State
0110545902CC**Current Principal Place of Business:**2409 LENA RD.
BRADENTON, FL 34211**Current Mailing Address:**3208 21ST AVE WEST
BRADENTON, FL 34205 US**FEI Number: 59-1910864****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HACKWORTH, JON
1814 N. 15TH STREET
TAMPA, FL 33605 US*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.***SIGNATURE: JON HACKWORTH****02/03/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name VASQUEZ, RACHEL
Address 27561 STATE ROAD 64 EAST
City-State-Zip: MYAKKA CITY FL 34251**Title** TREASURER
Name SANDRIDGE, DANA
Address 3208 21ST AVE W
City-State-Zip: BRADENTON FL 34205**Title** DIRECTOR
Name VAN HOOSE, PAM
Address 1510 67TH CT E
City-State-Zip: BRADENTON FL 34208**Title** SECRETARY
Name PETERSON, JOAN
Address 27964 GOPHER HILL RD
City-State-Zip: MYAKKA CITY FL 34251**Title** DIRECTOR
Name LUSBY, DON
Address 2409 LENA ROAD
City-State-Zip: BRADENTON FL 34202**Title** VP
Name VASQUEZ, JUAN
Address 27561 STATE ROAD 64 EAST
City-State-Zip: MYAKKA CITY FL 34251

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DANA SANDRIDGE**TREAS****02/03/2020**

Electronic Signature of Signing Officer/Director Detail

Date