| Name and Address of Current Registered Agent:  |                           |  |                 |                            |          |  |
|--|---------------------------|--|-----------------|----------------------------|----------|--|
| VITT, ELENA<br>1 DR MARTIN LUTHER KING JR AVE<br>INVERNESS, FL 34450 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                 | ELENA VITT                               |                 |                            | 02/10/20 |  |
|  |                           | Electronic Signature of Registered Agent |                 |                            | Date     |  |
|  | Officer/Director Detail : |  |                 |                            |          |  |
|  | Title                     | PD                                       | Title           | VD                         |          |  |
|  | Name                      | VITT, ELENA                              | Name            | VITT, STEVEN               |          |  |
|  | Address                   | 1 DR MARTIN LUTHER KING JR AVE           | Address         | 1 DR MARTIN LUTHER KING JR | AVE      |  |
|  | City-State-Zip:           | INVERNESS FL 34450                       | City-State-Zip: | INVERNESS FL 34450         |          |  |
|  | Title<br>Name             | SD<br>MCGUIRE, MARIANNE                  | Title<br>Name   | TD<br>DILLON, RON          |          |  |
|  |                           |  |                 |                            |          |  |

Address

# 1 DR MARTIN LUTHER KING JR AVE

City-State-Zip: INVERNESS FL 34450

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N9500003193

Entity Name: CITRUS COUNTY SHERIFFS POSSE, INC.

### **Current Principal Place of Business:**

1 DR MARTIN LUTHER KING JR AVE INVERNESS. FL 34450

#### **Current Mailing Address:**

INVERNESS, FL 34450

## FEI Number: 65-0605059

Address

#### Na

1 DR MARTIN LUTHER KING JR AVE

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: ELENA VITT

Electronic Signature of Signing Officer/Director Detail

FILED Feb 10, 2017 Secretary of State CC4561705677

0/2017

Certificate of Status Desired: No

1 DR. MARTIN LUTHER KING JR. AVE

City-State-Zip: INVERNESS FL 34450

PD

02/10/2017 Date