



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 700398 1. Entity Name LEE COUNTY SHERIFF'S POSSE, INC.			
Principal Place of Business PALM CREEK DR FT. MYERS, FL 33903		Mailing Address 17400 NALLE RD NORTH FORT MYERS, FL 33917	
DO NOT WRITE IN THIS SPACE			
		01062006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number 59-2650054	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CROSS, KATHLEEN 17400 NALLE RD NORTH FORT MYERS, FL 33917		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> _____ DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	CROSS, KATHLEEN		
STREET ADDRESS	17400 NALLE RD		
CITY-ST-ZIP	FT MYERS, FL 33917		
TITLE	PT		
NAME	CROSS, BILL		
STREET ADDRESS	17400 NALLE RD		
CITY-ST-ZIP	NORTH FT MYERS, FL 33917		
TITLE	S/T		
NAME	CODY, SHERRY		
STREET ADDRESS	11080 SHARAON DRIVE		
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917		
TITLE	D		
NAME	BARKER, CARL		
STREET ADDRESS	6321 HOLSTEIN DR		
CITY-ST-ZIP	FT MYERS, FL 33905		
TITLE	D		
NAME	HARRISON, BARBARA J		
STREET ADDRESS	10731 SHARON DR		
CITY-ST-ZIP	FT. MYERS, FL 33917		
TITLE	VP		
NAME	POLAKOSS, PAUL		
STREET ADDRESS	17651 WELLS ROAD		
CITY-ST-ZIP	FORT MYERS, FL 33917		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Kathleen Cross</i> <i>Kathleen Cross</i>		1-10-06 239-574-3113	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	