

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 A
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**



01062007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2650054

Applied For

Not Applicable

5. Certificate of Status Desired



**\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

UN00000585530
01/16/07-80016-015 70.00

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

**DO NOT WRITE
IN THIS SPACE**

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: *Kathleen Cross* **Kathleen Cross**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-07

Date

239-574-3113

Daytime Phone #