2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# 700398

Entity Name: LEE COUNTY SHERIFF'S POSSE, INC.

Current Principal Place of Business:

PALM CREEK DR
FT. MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

17400 NALLE RD
NORTH FORT MYERS, FL 33917

New Mailing Address:

FEI Number: 59-2650054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROSS, KATHLEEN
17400 NALLE RD
NORTH FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	CROSS, KATHLEEN	
Address:	17400 NALLE RD	
City-St-Zip:	FT MYERS, FL 33917	
Title:	PT	( ) Delete
Name:	CROSS, BILL	
Address:	17400 NALLE RD	
City-St-Zip:	NORTH FT MYERS, FL 33917	
Title:	S/T	( ) Delete
Name:	CODY, SHERRY	
Address:	11080 SHARAON DRIVE	
City-St-Zip:	NORTH FORT MYERS, FL 33917	
Title:	D	( ) Delete
Name:	BARKER, CARL	
Address:	6321 HOLSTEIN DR	
City-St-Zip:	FT MYERS, FL 33905	
Title:	D	( ) Delete
Name:	HARRISON, BARBARA J	
Address:	10731 SHARON DR	
City-St-Zip:	FT. MYERS, FL 33917	
Title:	VP	( ) Delete
Name:	POLAKOSS, PAUL	
Address:	17651 WELLS ROAD	
City-St-Zip:	FORT MYERS, FL 33917	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHLEEN CROSS D 01/08/2008

Electronic Signature of Signing Officer or Director — Date