2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700398

FILED Jan 19, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

PALM CREEK DR FT. MYERS, FL 33903

Current Mailing Address: New Mailing Address:

17400 NALLE RD NORTH FORT MYERS, FL 33917

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition CROSS, KATHLEEN Name: Name:

17400 NALLE RD Address: Address: City-St-Zip: FT MYERS, FL 33917 City-St-Zip:

Title: Title: () Delete (X) Change () Addition

CROSS, BILL Name: CROSS, BILL Name: Address: 17400 NALLE RD Address: 17400 NALLE RD City-St-Zip: NORTH FT MYERS, FL 33917 City-St-Zip: NORTH FT MYERS, FL 33917

Title: S/T () Delete Title: S/T (X) Change () Addition

CODY, SHERRY DETZEL, ANNETTE Name: Name: 11080 SHARAON DRIVE Address: Address: **13213 4TH STREET** City-St-Zip: NORTH FORT MYERS, FL 33917 City-St-Zip: FORT MYERS, FL 33905

Title: () Delete Title: () Change () Addition

Name: BARKER, CARL Name: Address: 6321 HOLSTEIN DR Address: City-St-Zip: FT MYERS, FL 33905 City-St-Zip:

Title: () Delete Title: VΡ (X) Change () Addition

HARRISON, BARBARA J HARRISON, BARBARA J Name: Name: 10731 SHARON DR 10731 SHARON DR Address: Address: City-St-Zip: FT. MYERS, FL 33917 City-St-Zip: FT. MYERS, FL 33917

Title: () Delete Title: (X) Change () Addition

POLAKOSS, PAUL SPURGEON, SCOTT Name: Name: Address: 17651 WELLS ROAD Address: 8920 FAWN RIDGE DRIVE FORT MYERS, FL 33917 FORT MYERS, FL 33912 City-St-Zip: 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 01/19/2009