

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700398

FILED
Jan 09, 2011
Secretary of State

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

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

Title: S/T
Name: DETZEL, ANNETTE
Address: 13213 4TH STREET
City-St-Zip: FORT MYERS, FL 33905

Title: D
Name: MATTHEWS, BARRY
Address: 10771 BRAHMA RD
City-St-Zip: FT MYERS, FL 33905

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

Title: D
Name: CURRY, AL
Address: 275 KIRBY THOMPSON RD
City-St-Zip: LABELLE, FL 33935

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: KATHLEEN CROSS

D

01/09/2011

Electronic Signature of Signing Officer or Director

Date