FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 13 1997 8:00am
Secretary of State

DOCUMENT # **703477** **(0)**

1. Corporation Name

JACKSON COUNTY SHERIFF'S POSSE, INCORPORATED

Principal Place of Business:
% JACKSON COUNTY COURTHOUSE
P.O. BOX 5811
MARIANNA FL 32446

Mailing Address:
% JACKSON COUNTY COURTHOUSE
P.O. BOX 5811
MARIANNA FL 32447-5811

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

3. Date Incorporated or Qualified: 01/19/1962
3a. Date of Last Report: 05/01/1996
4. FEI Number: NOT APPLICABLE — Applied For / Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCBRAYER, HOUT
7501 PARAMORE RD
SNEADS FL 32460

10. Name and Address of New Registered Agent

81 Name: Joseph M. DAVIS
82 Street Address (P.O. Box Number is Not Acceptable): Rt. 2 Hamilton Springs Rd.
83
84 City: Altha FL 85 Zip Code: 32421

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Joseph M Davis — (NOTE: Registered Agent's signature required when reinstating) — DATE: 3-3-97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	MCBRAYER, HOYTT		1.2 NAME	DAVIS, Joseph M.	
STREET ADDRESS	7501 PARAMORE RD.		1.3 STREET ADDRESS	Rt. 2 Hamilton Springs Rd.	
CITY-ST-ZIP	SNEADS FL		1.4 CITY-ST-ZIP	Altha, Fla. 32421	
TITLE	VP	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MAYO, DAVID		2.2 NAME		
STREET ADDRESS	HWY 280, CORBIN RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	COTTONDALE FL		2.4 CITY-ST-ZIP		
TITLE	S/D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BENOIT, KATHY		3.2 NAME		
STREET ADDRESS	P.O. BOX 756 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCMILLIAN, DEDE		4.2 NAME		
STREET ADDRESS	122 PEACH ORCHARD DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SNEADS FL 32460		4.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	5.1 TITLE	VPD	☐ Change ☒ Addition
NAME	STANDLAND, ROBERT E		5.2 NAME	McPherson, William A.	
STREET ADDRESS	4676 SHANKLE DR.		5.3 STREET ADDRESS	2642 Kynesville Rd.	
CITY-ST-ZIP	MARIANNA FL 32446		5.4 CITY-ST-ZIP	Cottondale, Fl. 32431	
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TURNER, DEBRA S		6.2 NAME		
STREET ADDRESS	7850 HWY 90		6.3 STREET ADDRESS		
CITY-ST-ZIP	SNEADS FL 32460		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph M Davis — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3-3-97

Filing Fee: $ 0010213