

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703477

1. Entity Name

JACKSON COUNTY SHERIFF'S POSSE, INCORPORATED

Principal Place of Business

Mailing Address

% JACKSON COUNTY COURTHOUSE
P.O. BOX 5811
MARIANNA FL 32446

% JACKSON COUNTY COURTHOUSE
P.O. BOX 5811
MARIANNA FL 32446

2. Principal Place of Business

3. Mailing Address

~~Suite, Apt., #, etc.~~

~~Suite, Apt., #, etc.~~

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADKINS, MICHAEL R
30 SAM DUNCAN RD
ALTHA FL 32421

Name **DAVIS, Joseph M.**

Street Address (P.O. Box Number is Not Acceptable)

Rt. 2 Hamilton Spring Rd.

City **Altha**

FL Zip Code **32421**

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.

SIGNATURE

Joseph M Davis

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

(NOTE: Registered Agent signature required when reinstating)

3/4/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ADKINS, MICHAEL R	
STREET ADDRESS	30 SAM DUNCAN RD	
CITY-ST-ZIP	ALTHA FL 32421	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCMILLIAN, DEDE	
STREET ADDRESS	122 PEACH ORCHARD DRIVE	
CITY-ST-ZIP	SNEADS FL 32460	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, JOSEPH M	
STREET ADDRESS	RT 2 HAMILTON SPRING RD	
CITY-ST-ZIP	ALTHA FL 32421	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JARMON, LINDA	
STREET ADDRESS	2224 KENI CEMETERY RD.	
CITY-ST-ZIP	ALFORD FL 32420	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, Joseph M	
STREET ADDRESS	Rt. 2 Hamilton Spring Rd.	
CITY-ST-ZIP	ALTHA, FL 32421	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMILLIAN, DEDE	
STREET ADDRESS	2656 McKinnre Rd.	
CITY-ST-ZIP	Grand Ridge, FL 32442	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADKINS, Michael R.	
STREET ADDRESS	30 SAM DUNCAN Rd.	
CITY-ST-ZIP	ALTHA, FL 32421	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARMON, LINDA	
STREET ADDRESS	7615 Hwy 90	
CITY-ST-ZIP	SNEADS, FL 32460	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02

DATE

Daytime Phone #

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90056 010 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)