

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90345 031 ****61.25

DOCUMENT # 703477

1. Entity 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 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

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POWELL, CECIL L
868 CORBIN RD
CHIPLEY FL 32428

7. Name and Address of New Registered Agent

Name: McPherson, William A
Street Address (P.O. Box Number is Not Acceptable)
2642 Kynesville Rd
City Cottondale FL Zip Code 32431

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

William A. McPherson

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

(NOTE: Registered Agent signature required when reinstating)

4/5/04

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VPD
NAME MCCORMICK, MORGAN ☐ Delete
STREET ADDRESS 4175 THOMPSON RD
CITY-ST-ZIP MARIANNA FL 32448

TITLE TD
NAME MCMILLIAN, DEDE ☐ Delete
STREET ADDRESS 2656 MCKINNIE RD
CITY-ST-ZIP GRAND RIDGE FL 32442

TITLE PD ☒ Delete
NAME DAVIS, JOSEPH M
STREET ADDRESS RT 2 HAMILTON SPRING RD
CITY-ST-ZIP ALTHA FL 32421

TITLE SD ☐ Delete
NAME JARMON, LINDA
STREET ADDRESS 7615 HWY 90
CITY-ST-ZIP SNEADS FL 32460

TITLE PD ☒ Delete
NAME POWELL, CECIL L
STREET ADDRESS 868 CORBIN RD
CITY-ST-ZIP CHIPLEY FL 32428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition
NAME McPherson, William A
STREET ADDRESS 2642 Kynesville Rd.
CITY-ST-ZIP Cottondale FL 32431

TITLE ☐ Change ☐ 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:

William A. McPherson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04

Date

850-579-2909

Daytime Phone #