2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2006
Secretary of State

DOCUMENT# 703477

Entity Name: JACKSON COUNTY SHERIFF'S POSSE, INCORPORATED

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCPHERSON, WILLIAM A
2642 KYNESVILLE RD.
COTTONDALE, FL 32431 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: VPD ( ) Delete
Name: JARMON, JOHN
Address: 3732 THOMPSON RD
City-St-Zip: MARIANNA, FL 32448

Title: TD ( ) Delete
Name: MCMILLIAN, DEDE
Address: 2656 MCKINNIE RD
City-St-Zip: GRAND RIDGE, FL 32442

Title: SD ( ) Delete
Name: JARMON, LINDA
Address: 7615 HWY 90
City-St-Zip: SNEADS, FL 32460

Title: PD ( ) Delete
Name: MCPHERSON, WILLIAM A
Address: 2642 KYNESVILLE RD.
City-St-Zip: COTTONDALE, FL 32431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA JARMON SD 04/22/2006

Electronic Signature of Signing Officer or Director Date