2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 703477

FILED Sep 19, 2007 Secretary of State

Entity Name: JACKSON COUNTY SHERIFF'S POSSE, INCORPORATED

Current Principal Place of Business:		New Principal Place of Business:	
% JACKSON COUNTY COURTHOUSE P.O. BOX 5811 MARIANNA, FL 32446		% JACKSON COUNTY COURTHOUSE 7615 HIGHWAY 90 SNEADS, FL 32460	
Current Mailing Address:		New Mailing Address:	
% JACKSON COUNTY COURTHOUSE P.O. BOX 5811 MARIANNA, FL 32446		% JACKSON COUNTY COURTHOUSE 7615 HIGHWAY 90 SNEADS, FL 32460	
FEI Number: In accordan	: FEI Number Applied For() FEI Nucce with s. 607.193(2)(b), F.S., the corporation did not receive	umber Not Applicable (X) the prior notice.	Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:
in the State	named entity submits this statement for the purpose e of Florida. RE: WILLIAM A. MCPHERSON	of changing its registere	
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	VPD () Delete JARMON, JOHN 3732 THOMPSON RD MARIANNA, FL 32448	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	TD () Delete MCMILLIAN, DEDE 2656 MCKINNIE RD GRAND RIDGE, FL 32442	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SD () Delete JARMON, LINDA 7615 HWY 90 SNEADS, FL 32460	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	PD () Delete MCPHERSON, WILLIAM A 2642 KYNESVILLE RD. COTTONDALE, FL 32431	Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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 SECR 09/19/2007