2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703477

FILED Mar 19, 2009 Secretary of State

Entity Name: JACKSON COUNTY SHERIFF'S POSSE, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

% JACKSON COUNTY COURTHOUSE 7615 HIGHWAY 90 MARIANNA. FL 32447

Current Mailing Address: New Mailing Address:

JCSP PO BOX 5811 MARIANNA, FL 32447

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEPHENS, DEBORAH G TD

17265 NW ANGLE ST

PLOUNTSTOMN FL 22424 LIS

PLOUNTSTOMN FL 22424

BLOUNTSTOWN, FL 32424 US BLOUNTSTOWN, FL 32424 US

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: DEBORAH G STEPHENS 03/19/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD () Delete Title: VPD (X) Change () Addition Name: WESSON, CARL Name: JOHNS, JAMIE

Address: 5960 NUBBIN RIDGE RD Address: 14138 BUMPY HILL RD.
City-St-Zip: GREENWOOD, FL 32443 City-St-Zip: ALTHA, FL 32421

Title: TD () Delete Title: () Change () Addition

 Name:
 STEPHENS, DEBORAH G
 Name:

 Address:
 17265 NW ANGLE ST
 Address:

 City-St-Zip:
 BLOUNTSTOWN, FL 32424
 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition Name: SHANNON, ALICE SD (X) Change () Addition Name: BEASLEY, KAY

Address: 4730 RIVER CHASE RD Address: 1130 WALDO MEADOWS RD
City-St-Zip: MARIANNA, FL 32448 City-St-Zip: GORDON, AL 36343

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 ODOM, BUTCH
 Name:
 SHANNON, ALICE

 Address:
 PO BOX 486.
 Address:
 4730 RIVER CHASE RD

 City-St-Zip:
 MARIANNA, FL 32447
 City-St-Zip:
 MARIANNA, FL 32447

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: DEBORAH G STEPHENS TD 03/19/2009