

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90022 047 ****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

60004000



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DAVIS, JOSEPH M
RT 2 HAMILTON SPRING RD
ALTA FL 32421

Name **Powell, Cecil L.**

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

868 Corbin Road

City

Chipley

FL

Zip Code

32428

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | ADKINS, MICHAEL R | |
| STREET ADDRESS | 30 SAM DUNCAN RD | |
| CITY-ST-ZIP | ALTA FL 32421 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MCMILLIAN, DEDE | |
| STREET ADDRESS | 122 PEACH ORCHARD DRIVE | |
| CITY-ST-ZIP | SNEADS FL 32460 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | DAVIS, JOSEPH M | |
| STREET ADDRESS | RT 2 HAMILTON SPRING RD | |
| CITY-ST-ZIP | ALTA 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 | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Mc Cormick, Morgan | |
| STREET ADDRESS | 4175 Thompson Road | |
| CITY-ST-ZIP | MARIANNA, FL 32448 | |
| TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCMILLIAN, DEDE | |
| STREET ADDRESS | 2656 McKinnie Rd. | |
| CITY-ST-ZIP | Grand Ridge, FL 32442 | |
| TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Powell, Cecil L | |
| STREET ADDRESS | 868 Corbin Road | |
| CITY-ST-ZIP | Chipley, FL 32428 | |
| 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 Required

1/6/03

593-5061

CR2E037 (10/02)