

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 705630 (2)**

1. Corporation Name

**ESCAMBIA COUNTY SHERIFF'S POSSE, INC.**



Principal Place of Business

Mailing Address

C/O SHERIFF JIM LOWMAN  
1700 W. LEONARD ST  
PENSACOLA FL 32501-1122  
US

C/O SHERIFF JIM LOWMAN  
1700 W. LEONARD ST  
PENSACOLA FL 32501-1122  
US

3. Date Incorporated or Qualified

**05/20/1963**

3a. Date of Last Report

**02/08/1995**

4. FEI Number

**59-2250126**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOWMAN, JIM SHERIFF  
1700 W. LEONARD ST  
PENSACOLA FL 32523**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME LOWMAN, JIM SHERIFF  
STREET ADDRESS 1700 W LEONARD ST  
CITY-ST-ZIP PENSACOLA FL 32523 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE T  
NAME HARRIS, ALICE  
STREET ADDRESS 2725 SANDICREST DRIVE  
CITY-ST-ZIP CANTONMENT FL ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME Beverly Pritchett  
2.3 STREET ADDRESS 1364 Green Vista Lane  
2.4 CITY-ST-ZIP Gulf Breeze, FL 32561

TITLE D  
NAME ROSE, FLOYD LT. (DEPUTY)  
STREET ADDRESS 1700 WEST LEONARD ST  
CITY-ST-ZIP PENSACOLA FL ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME TOM Shearer, Capt. (Deputy)  
3.3 STREET ADDRESS 1700 West Leonard St.  
3.4 CITY-ST-ZIP Pensacola, FL 32523

TITLE C  
NAME LELAND, DONALD  
STREET ADDRESS 3519 NORTH 'S' ST.  
CITY-ST-ZIP PENSACOLA, FL 00000 ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME TAMMIE Odom  
4.3 STREET ADDRESS 6405 Chestnut Rd.  
4.4 CITY-ST-ZIP Molino, FL 32577

TITLE S  
NAME HADLEY, DOVE  
STREET ADDRESS 4470 SPANISH TRAIL, SUITE 127  
CITY-ST-ZIP PENSACOLA FL ☐ DELETE

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME Barbara Scholz  
5.3 STREET ADDRESS 5169 Molino Rd.  
5.4 CITY-ST-ZIP Molino, FL 32577

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tammie Odom **TAMMIE Odom** 3/6/96 904-432-1222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # ex. 330

CR2E037 (12/95)