

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
USC/O SHERIFF JIM LOWMAN
1700 W. LEONARD ST
PENSACOLA FL 32501-1122
US3. Date Incorporated or Qualified
05/20/19633a. Date of Last Report
03/21/1996

2. Principal Place of Business

2a. Mailing Address

21 1700 W. LEONARD ST.

26 1700 W. LEONARD ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 PENSACOLA FL

28 PENSACOLA FL.

Zip

Zip

24 32501

Country

29 32501

Country

25 ESCAMBIA

30 ESCAMBIA

9. Name and Address of Current Registered Agent

4. FEI Number

59-2250126

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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 reinstating)

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 325231.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE T
NAME HARRIS, ALICE
STREET ADDRESS 2725 SANDICREST DRIVE
CITY - ST - ZIP CANTONMENT FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE D
NAME ROSE, FLOYD LT. (DEPUTY)
STREET ADDRESS 1700 WEST LEONARD ST
CITY - ST - ZIP PENSACOLA FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE C
NAME LELAND, DONALD
STREET ADDRESS 3519 NORTH 'S' ST.
CITY - ST - ZIP PENSACOLA, FL 000004.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE S
NAME HADLEY, DOVE
STREET ADDRESS 4470 SPANISH TRAIL, SUITE 127
CITY - ST - ZIP PENSACOLA FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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:

E. P. SCHOLZ

2/17/97

904 5873196

CP2E037 (9/96)