

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 712692

1. Entity Name
**HILLSBOROUGH COUNTY SHERIFF'S MOUNTED
POSSE, INC**



Principal Place of Business

**2008 EAST 8TH AVENUE
TAMPA, FL 33675-0589**

Mailing Address

**PO BOX 3703
BRANDON, FL 33509**



04172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2721921

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NORTHROP, HOWARD
11523 SADDLE UP ROAD
THONOTOSASSA, FL 33592**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	VP/D
NAME	ROBINSON, MARIAN
STREET ADDRESS	21035 KEENE ROAD
CITY-ST-ZIP	WIMAUMA, FL 33598
TITLE	PD
NAME	NORTHROP, HOWARD
STREET ADDRESS	11523 SADDLE UP ROAD
CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE	TD
NAME	WALKER, KENNETH
STREET ADDRESS	PO BOX 3
CITY-ST-ZIP	LITHIA, FL 33547
TITLE	D
NAME	LANDRY, CAROL J
STREET ADDRESS	2104 WOODBERRY ROAD
CITY-ST-ZIP	BRANDON, FL 33510
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000324535
04/22/05-80035-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Kenneth A Walker* **KENNETH A WALKER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/16/05 **(813) 220-7117**

Daytime Phone #