## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#712692**

FILED Mar 05, 2007 Secretary of State

Entity Name: HILLSBOROUGH COUNTY SHERIFF'S MOUNTED POSSE, INC

**Current Principal Place of Business: New Principal Place of Business:** 2008 EAST 8TH AVENUE TAMPA, FL 336750589 **Current Mailing Address: New Mailing Address:** PO BOX 3703 BRANDON, FL 33509 FEI Number: 59-2721921 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUNT, DON 5411 BOB SMITH AVE US PLANT CITY, FL 33565 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VP/D () Change () Addition () Delete MERRIAM, ALAN Name: Name: 2808 HIDEAWAY LANE Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: HUTN, DON Name: ROBINSON, MARION Address: 5411 BOB SMITH AVE Address: 21035 KEENE ROAD City-St-Zip: PLANT CITY, FL 33565 City-St-Zip: WIMAUMA, FL 33598 Title: () Delete Title: (X) Change ( ) Addition WALKER, KENNETH SCHACK, MARCIA Name: Name: Address: PO BOX 3 Address: 7335 AVOCET DRIVE City-St-Zip: LITHIA, FL 33547 City-St-Zip: WESLEY CHAPEL, FL 33544 Title: ( ) Delete Title: (X) Change ( ) Addition Name: SMITH, MARCIA Name: ANDERSON, CHERYL Address: 21632 SR 54 LOT 253 Address: 4817 FIETZWAY ROAD City-St-Zip: LUTZ, FL 33549 City-St-Zip: DOVER, FL 33527

I hereby certify that the information supplied with this filing does not qualify for the 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: MARCIA SCHACK TD 03/05/2007