2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#712692

FILED Jan 13, 2009 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
 938 SLIGH AVENEUE

 TAMPA, FL 336750589
 SEFFNER, FL 33584

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
PLANT CITY, FL 33565 US
DURRANCE, FRANCES L TREASUR
3011 JOHN MOORE ROAD
BRANDON, FL 33511 US

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: FRANCES L. DURRANCE 01/13/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP/D () Delete Title: VP (X) Change () Addition
Name: MERRIAM ALAN
Name: MERRIAM ALAN

 Name:
 MERRIAM, ALAN
 Name:
 MERRIAM, ALAN

 Address:
 2808 HIDEAWAY LANE
 Address:
 2808 HIDEAWAY LANE

 City-St-Zip:
 VALRICO, FL 33594
 City-St-Zip:
 VALRICO, FL 33594

Title: PD () Delete Title: PRES (X) Change () Addition Name: ANDERSON, KENNETH Name: ANDERSON, KENNETH

Address: 4817 FIETZWAY ROAD
City-St-Zip: DOVER, FL 33527

Address: 4817 FIETZWAY ROAD
City-St-Zip: DOVER, FL 33527

DOVER, FL 33527

Title: TD () Delete Title: TREA (X) Change () Addition
Name: SCHACK, HOWARD Name: DURRANCE, FRANCES L
Address: 7335 AVOCET DRIVE

 Address:
 7335 AVOCET DRIVE
 Address:
 3011 JOHN MOORE ROAD

 City-St-Zip:
 WESLEY CHAPEL, FL 33544
 City-St-Zip:
 BRANDON, FL 33511

Title: SD () Delete Title: RSEC (X) Change () Addition Name: ANDERSON, CHERYL Name: ANDERSON, CHERYL

Address: 4817 FIETZWAY ROAD Address: 4817 FIETZWAY ROAD

City-St-Zip: DOVER, FL 33527 City-St-Zip: DOVER, FL 33527

Title: CSEC () Change (X) Addition

 Name:
 Name:
 ANTON, JANINE

 Address:
 Address:
 6109 KELLY ROAD

 City-St-Zip:
 City-St-Zip:
 PLANT CITY, FL 33565

Title: () Delete Title: SARM () Change (X) Addition
Name: PORTER, MOZELL SARG AR

 Name:
 PORTER, MOZELE SAF

 Address:
 Address:
 708 COLSON ROAD

 City-St-Zip:
 City-St-Zip:
 PLANT CITY, FL 33567

I hereby certify that the information supplied with this filing does not qualify 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: FRANCES L. DURRANCE TREA 01/13/2009