

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713492

FILED
Mar 06, 2009
Secretary of State

Entity Name: MANATEE COUNTY SHERIFF'S MOUNTED POSSE AUXILIARY, INC.

Current Principal Place of Business:

2409 LENA RD.
BRADENTON, FL 34202 US

New Principal Place of Business:

Current Mailing Address:

3208 21ST AVE WEST
BRADENTON, FL 34205 US

New Mailing Address:

FEI Number: 59-1910864 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STEUBE, BRAD W.
MANATEE AVE
BRADENTON, FL 33505 US

Name and Address of New Registered Agent:

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:

Title: S () Delete
Name: BARETT, PATRICIA
Address: 5119 18TH ST. W
City-St-Zip: BRADENTON, FL 34207

Title: D () Delete
Name: SANDRIDGE, RACHEL
Address: 3208 21ST AVE WEST
City-St-Zip: BRADENTON, FL 34205

Title: TD () Delete
Name: SANDRIDGE, DANA
Address: 3208 21ST AVE W
City-St-Zip: BRADENTON, FL 34205

Title: P () Delete
Name: VAN HOOSE, PAM
Address: 1510 67TH CT E
City-St-Zip: BRADENTON, FL 34208

Title: D () Delete
Name: PETERSON, JOAN
Address: 27964 GOPHER HILL RD
City-St-Zip: MYAKKA CITY, FL 34251

Title: D () Delete
Name: LUSBY, DON
Address: 2409 LENA ROAD
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DANA SANDRIDGE

TREA

03/06/2009

Electronic Signature of Signing Officer or Director

Date