## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000009066

FILED Jan 21, 2009 Secretary of State

Entity Name: HERNANDO COUNTY SHERIFF'S OFFICE CIVILIAN MOUNTED UNIT, INC.

**Current Principal Place of Business: New Principal Place of Business:** 18900 CORTEZ BLVD BROOKSVILLE, FL 34601 **Current Mailing Address: New Mailing Address:** P.O.BOX 10504 BROOKSVILLE, FL 34601 FEI Number: 02-0749796 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KELLY, MELBA L 18389 RAINTREE DRIVE BROOKSVILLE, FL 34601 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition REID, RAY Name: Name: Address: 18900 CORTEZ BLVD. Address: City-St-Zip: BROOKSVILLE, FL 34601 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete Name: SHAEFFER, ROSEMARIE Name: MILLER, CONNIE Address: 18900 CORTEZ BLVD. Address: 18900 CORTEZ BLVD. City-St-Zip: BORRKSVILLE, FL 34601 City-St-Zip: BORRKSVILLE, FL 34601 Title: () Delete Title: () Change () Addition KELLY, MELBA L Name: Name: 18900 CORTEZ BLVD. Address: Address: City-St-Zip: BROOKSVILLE, FL 34601 City-St-Zip: Title: SD ( ) Delete Title: (X) Change ( ) Addition Name: CARD, REBECCA Name: ULM, CATHY Address: 18900 CORTEZ BLVD. Address: 18900 CORTEZ BLVD. City-St-Zip: BROOKSVILLE, FL 34601 City-St-Zip: BROOKSVILLE, FL 34601

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: CATHY ULM S 01/21/2009