

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 03, 2006 8:00 am**  
**Secretary of State**

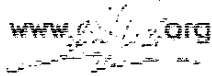
07-03-2006 90001 011 \*\*\*\*70.00

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<b>DOCUMENT # N07523</b> 1. Entity Name SHERIFF'S POSSE, OKALOOSA COUNTY, FLORIDA, INC.					
Principal Place of Business 1250 N ELGIN PARKWAY SHALIMAR, FL 32579			Mailing Address PO BOX 811 SHALIMAR, FL 32579-0811		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  SHERIFF CHARLES W MORRIS OKALOOSA COUNTY SHERIFF'S OFFICE 1250 NE EGLIN PARKWAY SHALIMAR, FL 33579				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LT MATTHEWS, JOSEPH 202 ELIZABETH COURT FORT WALTON BEACH, FL 32547			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LT STRAWSER, THOMAS 64 6TH AVENUE SHALIMAR, FL 32579			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAPT WATKINS, JAMES T. POST OFFICE BOX 5040 DESTIN, FL 32540			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LT BROWDER, GENE 101 BAYLOCK STREET CRESTVIEW, FL 32536			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGT DREWERY, MARK 119 TWIN OAK DRIVE CRESTVIEW, FL 32536			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGT HANSON, BOBBY JR 43 WOODHAM AVENUE FT WALTON BEACH, FL 32548			<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u>Joseph Matthews</u> <u>7-1-06</u> <u>(850) 863-1728</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**ATTACHMENT 40097690**  
**Division of Corporations**

**Annual Report**

Annual Report Help

Document Number

**N07523**

Business Entity Name

**SHERIFF'S POSSE, OKALOOSA COUNTY, FLORIDA, INC.**

FEI Number

FEI Number Status

Listed Above

Applied For

Not Applicable

Certificate of Status Desired

Yes

No

\$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes

No

**Principal Place of Business**

Address 50 SECOND STREET

Suite, Apt. #, etc.

City, State SHALIMAR , FL

Zip Code &amp; Country 32579

**Mailing Address**

Address P.O. BOX 811

Suite, Apt. #, etc.

City, State SHALIMAR , FL

Zip Code &amp; Country 325790811

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title)

**- OR -**

Business to serve as RA

SHERIFF CHARLES W MORRIS

Address (PO Box is not acceptable) OKALOOSA COUNTY SHERIFF'S OFFICE

Suite, Apt. #, etc. 50 SECOND STREET

City, State SHALIMAR , FL


Zip Code &amp; Country 33579 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title LT  
Name (Last, First, Middle, Title) MATTHEWS, JOSEPH, . . .

- OR -

Entity Name to serve as  
Officer/Director

Street Address 202 ELIZABETH COURT  
City, State FORT WALTON BEACH, FL  
Zip Code & Country 32547

Title LT  
Name (Last, First, Middle, Title) STRAWSER, THOMAS, . . .

- OR -

Entity Name to serve as  
Officer/Director

Street Address 64 8TH AVENUE  
City, State SHALIMAR, FL  
Zip Code & Country 32579

Title CAPT  
Name (Last, First, Middle, Title) . . .

- OR -

Entity Name to serve as  
Officer/Director WATKINS, JAMES T.

Street Address 356 S.E. HOLLYWOOD BLVD  
City, State FT WALTON BEACH, FL  
Zip Code & Country 32548

Title LT

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Name (Last, First, Middle, Title)

BROWDER, GENE

#NO 7523

- OR -

Entity Name to serve as  
Officer/Director

Street Address

101 BAYLOCK STREET

City, State

CRESTVIEW, FL

Zip Code &amp; Country

32539

Title

SGT

Name (Last, First, Middle, Title)

DREWERY, MARK

- OR -

Entity Name to serve as  
Officer/Director

Street Address

119 TWIN OAK DRIVE

City, State

CRESTVIEW, FL

Zip Code &amp; Country

32536

Title

SGT

Name (Last, First, Middle, Title)

HANSON, BOBBY, JR

- OR -

Entity Name to serve as  
Officer/Director

Street Address

43 WOODHAM AVENUE

City, State

FT WALTON BEACH, FL

Zip Code &amp; Country

32547

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title SECRETARY - TREASURER, OKALOOSA COUNTY SHERIFF'S POSSE

Officer/Director Signature

Joseph Matthews

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset