

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90042 023 ****61.25

DOCUMENT # N07523

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**

40000654



01082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **54-**
NOT APPLICABLE 3310500 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHERIFF CHARLES W MORRIS OKALOOSA COUNTY SHERIFF'S OFFICE 1250 NE EGLIN PARKWAY SHALIMAR, FL 33579		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LT MATTHEWS, JOSEPH 202 ELIZABETH COURT FORT WALTON BEACH, FL 32547 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lt./ Secretary / Treas Tami Cokonougher 31 Moriarity Street NW Fort Walton Beach, FL 32548 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LT STRAWSER, THOMAS 64 6TH AVENUE SHALIMAR, FL 32579 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lt. Hal Warvari 4417 Windlake Drive Niceville, FL 32578 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGT HANSON, BOBBY JR 43 WOODHAM AVENUE FT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **Lt. Tami Cokonougher** **1/5/07** **850-259-3081**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #