

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 09, 2009
Secretary of State**

DOCUMENT# N07523

Entity Name: SHERIFF'S POSSE, OKALOOSA COUNTY, FLORIDA, INC.

Current Principal Place of Business:

1250 N ELGIN PARKWAY
SHALIMAR, FL 32579

New Principal Place of Business:

Current Mailing Address:

PO BOX 811
SHALIMAR, FL 325790811

New Mailing Address:

FEI Number: 59-3310500 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERIFF CHARLES W MORRIS
OKALOOSA COUNTY SHERIFF'S OFFICE
1250 NE EGLIN PARKWAY
SHALIMAR, FL 33579 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: ST () Delete
Name: COKONOUGH, TAMI
Address: 31 MARIARITY STREET NW
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: LT () Delete
Name: STRAWSER, THOMAS
Address: 64 8TH AVENUE
City-St-Zip: SHALIMAR, FL 32579

Title: CAPT () Delete
Name: WATKINS, JAMES T.
Address: POST OFFICE BOX 5040
City-St-Zip: DESTIN, FL 32540

Title: LT (X) Delete
Name: BROWDER, GENE
Address: 101 BAYLOCK STREET
City-St-Zip: CRESTVIEW, FL 32536

Title: SGT () Delete
Name: DREWERY, MARK
Address: 119 TWIN OAK DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: SGT () Delete
Name: HANSON, BOBBY JR
Address: 43 WOODHAM AVENUE
City-St-Zip: FT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: COKONOUGH, TAMI L
Address: 31 MORIARITY STREET NW
City-St-Zip: FORT WALTON BEACH, FL 32548

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: LT (X) Change () Addition
Name: DREWERY, MARK
Address: 119 TWIN OAK DRIVE
City-St-Zip: CRESTVIEW, FL 32536

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: TAMI L. COKONOUGH

Electronic Signature of Signing Officer or Director

LT.

01/09/2009

Date