2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004
Secretary of State

DOCUMENT# N40532

Entity Name: LEVY COUNTY SHERIFF'S DEPARTMENT MOUNTED POSSE, INC.

Current Principal Place of Business:

LEVY CO. SHERIFF'S OFFICE
P.O. BOX 1719, CR 337 N CR 32
BRONSON, FL 32621

New Principal Place of Business:

LEVY CO. SHERIFF'S OFFICE
P.O. BOX 1719, 9150 N.E. 80TH AVENUE
BRONSON, FL 32621

Current Mailing Address:

P.O. BOX 1719
BRONSON, FL 32621

New Mailing Address:

FEI Number: 59-3036148 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, JOHNNY
9150 NE. 80TH AVE.
BRONSON, FL 32621 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: C ( ) Delete
Name: SANDLIN, GRANT
Address: 13961 N.W. 9 ST
City-St-Zip: WILLISTON, FL 32696

Title: D ( ) Delete
Name: MORGAN, DENNIS
Address: PO BOX 574
City-St-Zip: WILLISTON, FL 32696

Title: PD ( ) Delete
Name: WHITEHURST, DANIEL E
Address: 21290 NE 75TH ST
City-St-Zip: WILLISTON, FL 32696

Title: D ( ) Delete
Name: TODD, VICKI
Address: 17750 SE 66TH PLACE
City-St-Zip: MORRISTON, FL 32668

Title: TD ( ) Delete
Name: WHITEHURST, MAE P
Address: 21290 NE 75TH ST
City-St-Zip: WILLISTON, FL

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
Name:
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 for the exemption stated in Section 119.07(3)(i), 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: GRANT SANDLIN C 07/09/2004

Electronic Signature of Signing Officer or Director — Date