## DOCUMENT # **N43992** 1. Entity Name

PALM BEACH COUNTY MOUNTED POSSE, INC.

Principal Place of Business POB 1056

Mailing Address

PO8 1056

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country

FILED May 26, 2000 8:00 am Secretary of State

04-06-2000 90017 002 \*\*\*\*61.25

LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470-1058 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0261026 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Albert C. Dickinson Street Address (P.O. Box Number is Not Acceptable) 12725 58th Place North KEEHR, MARILYN 15530 - 42ND ST. N. Royal Palm Beach, Fl. 33411 LOXAHATCHEE FL 33470 Zip Code 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. 3/31/00 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Albert C. Dickinson FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution, Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PD ☐ Delete TITLE Change Addition CR2E037 (9/99 TITLE NAME KOVACS, PEGGY MAME Same STREET ADDRESS STREET ADDRESS 3685 "B" RD. CITY-ST-ZIP CITY-ST-ZIP Loxahatchee <u>F</u>l Addition TITLE Change TITLE TD Delete BMAME NAME Keehr, Marilyn Dickinson, Albert STREET ADDRESS STREET ADDRESS 15530 - 42ND ST N. 12725 58th Place North CITY-ST-ZIP CITY-ST-ZIP LOXAHATCHEE FL Royal Palm Beach, F1: 33411 Addition Change vpd TITLE TITLE Delete VP D NAME NAME UNDERWOOD, JAN STREET ADDRESS STREET ADDRESS 13537 COLLECTING CANAL RD Fleming, Carl CITY-ST-ZIP CITY-ST-ZIP LOXAHATCHEE, FL 33470 12725 58th Place N Delete TITLE Royal Palm Beach, Fl. 33411 Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 lik

SIGNATURE:

3/31/00

(561) 793-9852

Date

Daytime Phone #