

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43992

FILED
Jan 08, 2007
Secretary of State

Entity Name: PALM BEACH COUNTY MOUNTED POSSE, INC.

Current Principal Place of Business:

PO BOX 1056
LOXAHATCHEE, FL 33470

New Principal Place of Business:

16932 WEST AINTREE DRIVE
LOXAHATCHEE, FL 33470

Current Mailing Address:

PO BOX 1056
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-0261026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOVACS, PEGGY
3685 B ROAD
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

THIERY, DIXIE
16932 WEST AINTREE DRIVE
LOXAHATCHEE, FL 33470 US

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: DIXIE THIERY

01/08/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOVACS, PEGGY,
Address: 3685
City-St-Zip: LOXAHATCHEE, FL

Title: VD () Delete
Name: FELT, SHARON
Address: 13087 43RD ROAD NORTH
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: SD () Delete
Name: PAPAGNO, MARRIANNE
Address: 4391 123RD TRAIL N
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: TD (X) Delete
Name: RIVERA, PEGGY
Address: 15201 85TH ROAD N
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MATTE, MEREDITH
Address: 2170 A ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VD (X) Change () Addition
Name: MICKLEBRINK, ALICE
Address: 13397 MARCELLA BOULEVARD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: TD (X) Change () Addition
Name: THIERY, DIXIE
Address: 16932 WEST AINTREE DRIVE
City-St-Zip: LOXAHATCHEE, FL 33470

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 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: DIXIE THIERY

TD

01/08/2007

Electronic Signature of Signing Officer or Director

Date