

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Dec 11, 2010
Secretary of State**

DOCUMENT# N43992

Entity Name: PALM BEACH COUNTY MOUNTED POSSE, INC.**Current Principal Place of Business:**16932 WEST AINTREE DRIVE
LOXAHATCHEE, FL 33470**New Principal Place of Business:**13397 MARCELLA BLVD.
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:**THIERY, DIXIE
16932 WEST AINTREE DRIVE
LOXAHATCHEE, FL 33470 US**Name and Address of New Registered Agent:**MICHELBRINK, ALYCE
13397 MARCELLA BLVD.
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: ALYCE MICHELBRINK

12/11/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MICHELBRINK, ALYCE
Address: 13397 MARCELLA BOULEVARD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VD
Name: BEESON, KATHIE
Address: 13395 MARCELLA BLVD.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: TD
Name: SUCHY, CASSANA
Address: 4856 B ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby 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 all other like empowered.

SIGNATURE: ALYCE MICHELBRINK

PD

12/11/2010

Electronic Signature of Signing Officer or Director

Date