

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43992

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** PALM BEACH COUNTY MOUNTED POSSE, INC.

**Current Principal Place of Business:**

13397 MARCELLA BLVD.  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**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:**

MICHELBRINK, ALYCE  
13397 MARCELLA BLVD.  
LOXAHATCHEE, FL 33470 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: 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

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date