


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N95000003193</b> 1. Entity Name CITRUS COUNTY SHERIFFS POSSE, INC.	
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FILED  
 08 SEP 18 PM 1:21  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business 1 DR MARTIN LUTHER KING JR AVE INVERNESS, FL 34450	Mailing Address 1 DR MARTIN LUTHER KING JR AVE INVERNESS, FL 34450
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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07032008 Chg-NP CR2E037 (12/06)

City & State  Zip	City & State  Zip	4. FEI Number 65-0605059	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  VITT, STEVEN 1 DR MARTIN LUTHER KING JR AVE INVERNESS, FL 34450	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete VITT, STEVEN 1 DR MARTIN LUTHER KING JR AVE INVERNESS, FL 34450	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 2em; text-align: center;">\$9/19</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete VITT, ELENA 1 DR MARTIN LUTHER KING JR AVE INVERNESS, FL 34450	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;">                         400136256414                          09/23/08--01031--018 **61.25                     </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete MCGUIRE, MARIANNE 1 DR MARTIN LUTHER KING JR AVE INVERNESS, FL 34450	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete AUGUSTINE, ERNEST 1 DR. MARTIN LUTHER KING JR. AVE INVERNESS, FL 34450	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD RON DILLON 1 DR. martin Luther King JR AVE Inverness, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE: Elena Vitt - Elena Vitt 715-08 (352) 726-4488  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #