

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003193

FILED  
Jan 20, 2010  
Secretary of State

**Entity Name:** CITRUS COUNTY SHERIFFS POSSE, INC.

**Current Principal Place of Business:**

1 DR MARTIN LUTHER KING JR AVE  
INVERNESS, FL 34450

**New Principal Place of Business:**

**Current Mailing Address:**

1 DR MARTIN LUTHER KING JR AVE  
INVERNESS, FL 34450

**New Mailing Address:**

**FEI Number:** 65-0605059

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VITT, STEVEN  
1 DR MARTIN LUTHER KING JR AVE  
INVERNESS, FL 34450 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: VITT, STEVEN  
Address: 1 DR MARTIN LUTHER KING JR AVE  
City-St-Zip: INVERNESS, FL 34450

Title: VD  
Name: VITT, ELENA  
Address: 1 DR MARTIN LUTHER KING JR AVE  
City-St-Zip: INVERNESS, FL 34450

Title: SD  
Name: MCGUIRE, MARIANNE  
Address: 1 DR MARTIN LUTHER KING JR AVE  
City-St-Zip: INVERNESS, FL 34450

Title: TD  
Name: DILLON, RON  
Address: 1 DR. MARTIN LUTHER KING JR. AVE  
City-St-Zip: INVERNESS, FL 34450

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: ELENA VITT

VD

01/20/2010

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

\_\_\_\_\_  
Date