

5/20/97 15-7614-C

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # **N96000002464 (3)**

1. Corporation Name

**PASCO COUNTY MOUNTED POSSE, INC.**

Principal Place of Business

Mailing Address

**9638 EHREN CUT OFF  
LAND O'LAKES FL 34639****9638 EHREN CUT OFF  
LAND O'LAKES FL 34639**3. Date Incorporated or Qualified  
**05/03/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**59-3378117**

Applied For

Not Applicable

6. Certificate of Status Desired

☒**\$8.75 Additional  
Fee Required**6. Election Campaign Financing  
Trust Fund Contribution☐**\$5.00 May Be  
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

**HOLLOWAY, JOEY  
9638 EHREN CUT OFF  
LAND O'LAKES FL 34639**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLLOWAY, JOEY	
STREET ADDRESS	9638 EHREN CUT OFF	
CITY-ST-ZIP	LAND O'LAKES FL 34639	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	HOLLOWAY, CASSIE	
STREET ADDRESS	9638 EHREN CUT OFF	
CITY-ST-ZIP	LAND O'LAKES FL 34639	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PRIOR, SUSAN	
STREET ADDRESS	12807 VINELAND STREET	
CITY-ST-ZIP	SAN ANTONIO FL 33576	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, MARCIA	
STREET ADDRESS	17351 EAGLE LANE	
CITY-ST-ZIP	LUTZ FL 33549	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COSTIN, JOHN	
STREET ADDRESS	3341 FOX HUNT DRIVE	
CITY-ST-ZIP	LUTZ FL 34683	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Diez, Joe
5.3 STREET ADDRESS	P.O. Box 934 - N/A
5.4 CITY-ST-ZIP	San Antonio, FL 33576

TITLE	D	<input type="checkbox"/> DELETE
NAME	CULLARO, JOHN	
STREET ADDRESS	1836 HENLEY ROAD	
CITY-ST-ZIP	LUTZ FL 33549	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0079607

2-1-97 813-949-6809

CR2E037 (9/96)