

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000002464 (3)  
1. Corporation Name  
PASCO COUNTY MOUNTED POSSE, INC.



Principal Place of Business: 9638 EHREN CUT OFF LAND O'LAKES FL 34639  
Mailing Address: 9638 EHREN CUT OFF LAND O'LAKES FL 34639

3. Date Incorporated or Qualified: 05/03/1996

4. FEI Number: 59-3379117  
Applied For: Not Applicable

2. Principal Place of Business: 34351 ATKINS RD. Zephyrhills FL 33544  
2a. Mailing Address: 34351 ATKINS RD. Zephyrhills FL 33544  
21. Suite, Apt. #, etc.: 7L  
22. City & State: Zephyrhills FL  
23. Zip: 33544 Country: USA  
24. Zip: 33544 25. Country: USA  
26. Zip: 33544 27. City & State: Zephyrhills FL  
28. Zip: 33544 Country: USA  
29. Zip: 33544 30. Country: USA

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent: HOLLOWAY, JOEY 9638 EHREN CUT OFF LAND O'LAKES FL 34639

10. Name and Address of New Registered Agent: 81 Name: FREDDA BARLOW  
82 Street Address (P.O. Box Number is Not Acceptable): 34351 ATKINS RD.  
83  
84 City: Zephyrhills FL 85 Zip Code: 33544

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: FREDDA BARLOW PRESIDENT  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  
DATE: 2/2/98

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLLOWAY, JOEY	
STREET ADDRESS	9638 EHREN CUT OFF	
CITY-ST-ZIP	LAND O'LAKES FL 34639	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HOLLOWAY, CASSIE	
STREET ADDRESS	9638 EHREN CUT OFF	
CITY-ST-ZIP	LAND O'LAKES FL 34639	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PRIOR, SUSAN	
STREET ADDRESS	12807 VINELAND STREET	
CITY-ST-ZIP	SAN ANTONIO FL 33576	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, MARCIA	
STREET ADDRESS	17351 EAGLE LANE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIEZ, JOE	
STREET ADDRESS	PO BOX 834	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CULLARO, JOHN	
STREET ADDRESS	1838 HENLEY ROAD	
CITY-ST-ZIP	LUTZ FL 33549	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FREDDA BARLOW	
1.3 STREET ADDRESS	34351 ATKINS RD.	
1.4 CITY-ST-ZIP	Zephyrhills 33544	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GRADY Ashbrook	
2.3 STREET ADDRESS	17130 Highway 301	
2.4 CITY-ST-ZIP	DADE CITY FL 33525	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CAROLYN DAVIS	
3.3 STREET ADDRESS	12514 JOE EM DOWN LN.	
3.4 CITY-ST-ZIP	ODESSA FL 33556	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOAN PATTERSON	
4.3 STREET ADDRESS	1739 AKSARBEN RD.	
4.4 CITY-ST-ZIP	ODESSA FL 33556	
5.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SUSAN PRIOR	
5.3 STREET ADDRESS	12807 VINELAND ST.	
5.4 CITY-ST-ZIP	SAN ANTONIO FL 33576	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FRED SALVETA	
6.3 STREET ADDRESS	7315 RIVER BANK DRIVE	
6.4 CITY-ST-ZIP	New Port Richey FL 34655	

14. I hereby certify that the information supplied with 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, or on an attachment with an address.

SIGNATURE: Fredda Barlow, Joan Barlow, 2/2/98, 211 988 0000

CR2E037 (10/97)