

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90025 043 ****70.00

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1. Corporation Name

PASCO COUNTY MOUNTED POSSE, INC.

1 0 6 1 1 0 - 9 0 0 2 5 - 4 3

Principal Place of Business

34351 ATKINS RD.
ZEPHYRHILLS FL 33544

Mailing Address

34351 ATKINS RD.
ZEPHYRHILLS FL 33544



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/03/1996

4. FEI Number

59-3379117

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BARLOW, FREDDA
34351 ATKINS RD.
ZEPHYRHILLS FL 33544

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

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

TITLE PD ☐ DELETE

NAME BARLOW, FREDDA

STREET ADDRESS 34351 ATKINS RD.

CITY-ST-ZIP ZEPHYRHILLS FL 33544

TITLE TD ☐ DELETE

NAME ASHBROOK, GRADY

STREET ADDRESS 17130 HWY. 301

CITY-ST-ZIP DADE CITY FL 33525

TITLE D ☒ DELETE

NAME PRIOR, SUSAN

STREET ADDRESS 12807 VINELAND STREET

CITY-ST-ZIP SAN ANTONIO FL 33576

TITLE VPD ☐ DELETE

NAME DAVIS, CAROLYN

STREET ADDRESS 12514 JOT EM DOWN LANE

CITY-ST-ZIP ODESSA FL 33556

TITLE SD ☒ DELETE

NAME PATTERSON, JOAN

STREET ADDRESS 1738 AKSARBEN RD.

CITY-ST-ZIP ODESSA FL 33556

TITLE D ☐ DELETE

NAME SALVETA, FRED

STREET ADDRESS 7315 RIVERBANK DR.

CITY-ST-ZIP NEW PT. RICHEY FL 34655

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Ray FOWLER
27702 RAVEN BROOK RD.
WESLEY CHAPEL FL 33544

SD
Debbie F VERST
6350 EHKEN CUTOFF
LAND O' LAKES FL 34639

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 with all other like empowered.

SIGNATURE:

Fredda Barlow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/98
Date

813-288-7717
Daytime Phone #

CR2E037 (11/98)