

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90304 034 \*\*\*\*61.25

**DOCUMENT # N96000002464**

1. Entity Name

PASCO COUNTY MOUNTED POSSE, INC.



Principal Place of Business

17933 EAST RD  
HUDSON FL 34667

Mailing Address

17933 EAST RD  
HUDSON FL 34667

2. Principal Place of Business

18828 Floralton Dr

Suite, Apt. #, etc.

3. Mailing Address

18828 Floralton Dr

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

Spring Hill, FL

City & State

Spring Hill FL

4. FEI Number

59-3379117

Applied For

Not Applicable

Zip

Country

34610

Zip

Country

FL 34610

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROSSI, LOUIS  
17933 EAST RD.  
HUDSON FL 34667

7. Name and Address of New Registered Agent

Name Ronald S. Michalak  
Street Address (P.O. Box Number is Not Acceptable)  
18828 Floralton Dr  
Spring Hill  
City FL Zip Code 34610

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

Karen A. Michalak, Secretary

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/04

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	LOUIS, ROSSI	17933 EAST RD	HUDSON FL 34667	<input checked="" type="checkbox"/> Delete
SD	DAVIS, CAROLYN	39724 RICHLAND RD.	ZEPHYRHILLS FL 33540	<input checked="" type="checkbox"/> Delete
S	MICHALAK, KAREN	18828 FLORALTON DR.	SPRING HILL FL 34610	<input checked="" type="checkbox"/> Delete
T	ROSSI, KATHLEEN CLARK	17933 EAST RD	HUDSON FL 34667	<input checked="" type="checkbox"/> Delete
VP	WOLF, BAEBAEZ	8700 FT. KING RD.	ZEPHYRHILLS FL 33541	<input checked="" type="checkbox"/> Delete
D	WOLF, BARBARA	8700 FT. KING RD	ZEPHYRHILLS FL 33541	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
President	Ronald S. Michalak	18828 Floralton Dr	Spring Hill, FL 34610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Vice President	Kori Childers	3447 Parkway Blvd	Land O' Lakes, FL 34639	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Secretary	Karen Michalak	18828 Floralton Dr.	Spring Hill, FL 34610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Same
Treasurer	Barb Wolf	8700 FT. King Rd	Zephyrhills, FL 33541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Sergeant Arm	Carolyn Davis	39724 Richland Rd	Zephyrhills, FL 33540	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Board	Kathleen Rossi	17933 East Rd	Hudson, FL 34667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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:

Karen A. Michalak, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

727 774 2451

Daytime Phone #