2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2005 8:00 am
Secretary of State
02-15-2005 90026 039 ****70.00

DOCUMENT # N96000002464

1. Entity Name

PASCO COUNTY MOUNTED POSSE, INC.

Principal Place of Business	Mailing Address
18828 FLORALTON DR SPRING HILL FL 34610	18828 FLORALTON DR SPRING HILL FL 34610

1st MOORE CR2E037 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~ROSSI, LOUIS~~
18828 FLORALTON DR
SPRING HILL FL 34610

7. Name and Address of New Registered Agent

Name Ronald S. Michalak

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

City **FL** Zip Code

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 _____ 2/2/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MICHALAK, RONALD S 18828 FLORALTON DR SPRING HILL FL 34610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CHILDERS, LORI 3447 PARKWAY BLVD. LAND O LAKES FL 34639	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Gary Crews 9315 Handcart Rd Dade City, FL 33525 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MICHALAK, KAREN 18828 FLORALTON DR. SPRING HILL FL 34610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WOLF, BARB 8700 FT. KING RD. ZEPHYRHILLS FL 33541	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Bridget Crews 9315 Handcart Rd Dade City, FL 33525 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SA DAVIS, CAROLYN 39724 RICHARD RD ZEPHYRHILLS FL 33540	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SA Amy Keck 34526 Promise Lane Dade City, FL 33523 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B ROSSI, KATHLEEN 17953 EAST RD HUDSON FL 34667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Ronald S. Michalak, Secretary 2-2-05 7277742451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #