## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N96000002464

FILED Apr 02, 2009 Secretary of State

Entity Name: PASCO COUNTY SHERIFF'S MOUNTED POSSE, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
	TTERING RD Y, FL 33523	
Current M	lailing Address:	New Mailing Address:
PO BOX 3 LAND O' L	11 AKES, FL 34639	
In accordan	: 59-3379117 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did I Address of Current Registered Agent:	FEI Number Not Applicable ( ) Certificate of Status Desired ( ) not receive the prior notice.  Name and Address of New Registered Agent:
ORPIN, PH 9352 BAHI LAND O' L		
	named entity submits this statement for the e of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATU	RE: PHILLIP N. ORPIN	
	Electronic Signature of Registered A	gent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	PD ( ) Delete CREWS, GARY 9315 HAND CART RD DADE CITY, FL 33525	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VP ( ) Delete MILLER, CONNIE 24130 TWISTER LN BROOKSVILLE, FL 34605	Title: VP (X) Change ( ) Addition Name: CREWS, BRIDGETT Address: 9315 HAND CART ROAD City-St-Zip: DADE CITY, FL 33525
Title: Name: Address: City-St-Zip:	SD () Delete WHITTLE, MARCIE 21309 KETTERING RD DADE CITY, FL 33523	Title: SD (X) Change ( ) Addition Name: SCHACK, MARCIA Address: 21632 ST ROAD 54 City-St-Zip: LUTZ, FL 33549
Title: Name: Address: City-St-Zip:	TD ( ) Delete ORPIN, PHILLIP N 9352 BAHIA LOOP LAND O' LAKES, FL 34639	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	SAD ( ) Delete YANKUS, NANCY 21309 KETTERING RD DADE CITY, FL 33523	Title: D (X) Change ( ) Addition Name: YANKUS, NANCY Address: 21309 KETTERING RD City-St-Zip: DADE CITY, FL 33523
Title: Name: Address: City-St-Zip:	D ( ) Delete SALLIMO, SHERYL 21309 KETTERING RD DADE CITY, FL 33523	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILLIP N. ORPIN T 04/02/2009