

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000005448 (3)

1. Corporation Name

SUWANNEE COUNTY SHERIFFS MOUNTED POSSE INC.

Principal Place of Business

Mailing Address

4026 CR 249
LIVE OAK FL 32060

4026 CR 249
LIVE OAK FL 32060

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

WARNER, WILLIAM E
4026 CR 249
LIVE OAK FL 32060

3. Date Incorporated or Qualified

10/21/1996

4. FEI Number

59-347 9933

Applied For

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

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

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 P
NAME KNIGHT, GOVAN
STREET ADDRESS 16069 165TH ROAD
CITY-ST-ZIP LIVE OAK FL 32060 ☒ DELETE

TITLE STD
NAME GREEN, BERNICE
STREET ADDRESS 20532 68TH STREET
CITY-ST-ZIP LIVE OAK FL 32060 ☒ DELETE

TITLE SAA
NAME SMITH, HUBERT A SGT-ARM
STREET ADDRESS 16512 CR 136
CITY-ST-ZIP LIVE OAK FL 32060 ☐ DELETE

TITLE O
NAME CAMERON, JEFF LI-OFFI
STREET ADDRESS 5098 CR 795
CITY-ST-ZIP LIVE OAK FL 32060 ☐ DELETE

TITLE T
NAME WARNER, WILLIAM E
STREET ADDRESS 4026 CR 249
CITY-ST-ZIP LIVE OAK FL 32060 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE sec Elizabeth Smith D ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS 16516 CR 136 W
1.4 CITY-ST-ZIP LIVE OAK, FL 32060

2.1 TITLE V.PRES Elvett A Adams D ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS 12996 64th ST
2.4 CITY-ST-ZIP LIVE OAK FL 32060

3.1 TITLE William E Warner ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 4026 CR 249 D
3.4 CITY-ST-ZIP LIVE OAK FL 32060

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 000002667430-9
4.4 CITY-ST-ZIP -10/19/98-01129-010
*****61.25 *****61.25

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Elizabeth Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-98
Date

904-364-7631
Daytime Phone #

0014023

CR2E037 (5/98)

FILED

98 OCT 15 AM 10:02

SECRETARY OF STATE

