


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90035 049 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N96000005448</b>                                       |  |
| 1. Entity Name<br><b>SUWANNEE COUNTY SHERIFFS MOUNTED POSSE INC.</b> |   |

|  |   |
|--|---|
| Principal Place of Business<br><b>1902 DUVAL ST NW<br/>LIVE OAK FL 33064</b> | Mailing Address<br><b>P.O. BOX 54<br/>LIVE OAK FL 32064</b> |
|--|---|



|   |         |   |         |
|---|---------|---|---------|
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc. |         | 3. Mailing Address<br>Suite, Apt. #, etc. |         |
| City & State  |         | City & State                              |         |
| Zip   | Country | Zip                                       | Country |

1st MOORE CR2E037 (10/06)

|  |  |   |
|--|--|---|
| 4. FEI Number<br><b>59-3479933</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75 Additional Fee Required</b>   |
| 6. Name and Address of Current Registered Agent<br><b>GORDON, DIANNA<br/>15400 NCR 349<br/>LIVE OAK FL 32060</b> |  | 7. Name and Address of New Registered Agent<br>Name <b>Elizabeth Smith</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>14516 CR 136 - PO Box 54</b><br><b>LIVE OAK</b><br>City <b>FL</b> Zip Code <b>32060</b> |

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: Elizabeth Smith DATE: 2-14-07

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

|  |  |  |
|--|--|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|--|--|

| 10. OFFICERS AND DIRECTORS                       |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | PD<br>KNIGHT, GOVAN<br>16029 165TH ROAD<br>LIVE OAK FL 32060 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | VD<br>JOHNS, ERNEST<br>5231 69TH DR<br>LIVE OAK FL 32060 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | STD<br>GORDON, DIANNA<br>15400 NCR 349<br>LIVE OAK FL 32060 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <b>Elizabeth Smith</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>PO Box 54 14516 CR 136</b><br><b>LIVE OAK, FL 32060</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | OD<br>ALLEN, JAMES<br>7697 161ST ROAD<br>LIVE OAK FL 32060 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | OD<br>SMITH, JR, ALLEN<br>200 S OHIO AVENUE<br>LIVE OAK FL 32064 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Elizabeth Smith DATE: 2-14-07 3866887126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR