

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000005448

1. Entity Name

SUWANNEE COUNTY SHERIFFS MOUNTED POSSE INC.



Principal Place of Business

1902 DUVAL ST NW
LIVE OAK FL 32064

Mailing Address

P.O. BOX 54
LIVE OAK FL 32064



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3479933

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, ELIZABETH
16515 CR 136-PO BOX54
LIVE OAK FL 32060

Name

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

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

(NOTE: Registered Agent signature required when restoring)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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 PD ☐ Delete
NAME KNIGHT, GOVAN
STREET ADDRESS 16029 165TH ROAD
CITY- ST- ZIP LIVE OAK FL 32060

TITLE VD ☐ Delete
NAME JOHNS, ERNEST
STREET ADDRESS 5231 69TH DR
CITY- ST- ZIP LIVE OAK FL 32060

TITLE STD ☐ Delete
NAME SMITH, ELIZABETH
STREET ADDRESS P O BOX 54 16516 CR 136
CITY- ST- ZIP LIVE OAK FL 32060

TITLE OD ☐ Delete
NAME ALLEN, JAMES
STREET ADDRESS 7697 161ST ROAD
CITY- ST- ZIP LIVE OAK FL 32060

TITLE OD ☐ Delete
NAME SMITH, JR, ALLEN
STREET ADDRESS 200 S OHIO AVENUE
CITY- ST- ZIP LIVE OAK FL 32064

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U000000821310
CITY- ST- ZIP 02/19/08-80019-006 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY- ST- ZIP

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

2-4-08

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