2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005448

FILED Jan 29, 2009 Secretary of State

Entity Name: SUWANNEE COUNTY SHERIFFS MOUNTED POSSE INC.

Current Principal Place of Business: New Principal Place of Business: 1902 DUVAL ST NW 1902 DUVAL ST NW LIVE OAK, FL 33064 LIVE OAK, FL 32064 **Current Mailing Address: New Mailing Address:** P.O. BOX 54 LIVE OAK, FL 32064 FEI Number: 59-3479933 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, ELIZABETH SMITH, ELIZABETH 16515 CR 136-PO BOX54 16515 CR 136-LIVE OAK, FL 32060 LIVE OAK, FL 32060 US 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. SIGNATURE: 01/29/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete KNIGHT, GOVAN Name: Name: 16029 165TH ROAD Address: Address: City-St-Zip: LIVE OAK, FL 32060 City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition JOHNS, ERNEST Name: SMITH, HUBET A Name: Address: 5231 69TH DR Address: 5231 69TH DR City-St-Zip: LIVE OAK, FL 32060 City-St-Zip: LIVE OAK, FL 32060 Title: STD () Delete Title: STD (X) Change () Addition SMITH, ELIZABETH SMITH, ELIZABETH Name: Name: P O BOX 54 16516 CR 136 Address: Address: 16516 CR 136 City-St-Zip: LIVE OAK, FL 32060 City-St-Zip: LIVE OAK, FL 32060 Title: OD () Delete Title: OD (X) Change () Addition Name: ALLEN, JAMES Name: HOWARD, ROGER A 7697 161ST ROAD Address: Address: 16520 CR 136 City-St-Zip: LIVE OAK, FL 32060 City-St-Zip: LIVE OAK, FL 32064 Title: OD () Delete Title: () Change () Addition SMITH, JR, ALLEN Name: Name: 200 S OHIO AVENUE Address: Address: City-St-Zip: LIVE OAK, FL 32064 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: ELIZABETH S. SMITH SEC 01/29/2009