


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90035 032 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # N00000006726</b>  |  |
| 1. Entity Name<br>SHERIFF'S CITIZENS ACADEMY ALUMNI ASSOCIATION, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>10750 ULMERTON RD<br>LARGO, FL 33778 | Mailing Address<br>PO BOX 2500<br>LARGO, FL 33779 |
|---|---|

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



03142008 Chg-NP CR2E037 (12/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3689301 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>GUALTIERI, ROBERT<br>10750 ULMERTON RD<br>LARGO, FL 33778 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

|   |   |  |
|---|---|--|
| Filing Fee is \$61.25<br>Due by May 1, 2008 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to<br>Florida Department of State |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>MILLER, GRADY<br>1660 NARVIA CT<br>DUNEDIN, FL 34698 <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | V<br>MILLER, GRADY<br>1660 NARNIA CT<br>DUNEDIN, FL 34698 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | T<br>SCHOCH, TERRY<br>4331 122ND WAY NORTH<br>LARGO, FL 33772 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | D<br>COATS, JIM<br>10750 ULMERTON ROAD<br>LARGO, FL 33778 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>ROSEMAN, ZOE<br>16326 GULF BLVD<br>REDDINGTON BEACH, FL 33708 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | P<br>ROSEMAN, ZOE<br>16326 GULF BLVD. #400<br>REDDINGTON BEACH, FL 33708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DS<br>SHERMAN, BARBARA<br>106 PALMETTO LANE<br>LARGO, FL 33770 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | D<br>ANDERSON JR., JOHN<br>440 S. GULFVIEW BLVD. #1702N<br>CLEARWATER, FL 33767 <input type="checkbox"/> Change <input checked="" 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    | D<br>FOLEY, CHRIS<br>1703 LAURIE LANE<br>BELLEAIR, FL 33756 <input type="checkbox"/> Change <input checked="" 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    | D<br>GAVIN, BRYAN<br>10750 ULMERTON ROAD<br>LARGO, FL 33778 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                     |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** ZOE ROSEMAN, President  4/11/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

ATTACHMENT

40063169

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DOCUMENT # N00000006726**

**SHERIFF'S CITIZEN'S ACADEMY ALUMNI ASSOCIATION**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Helms, Jane<br>1918 Westley Street<br>Safety Harbor, FL 34695   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Sanor, Debra<br>48 Windward Island<br>Clearwater, FL 33767      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Simovich, Dan<br>10750 Ulmerton Road<br>Largo, FL 33778         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Young, Alice<br>320 Bayshore Blvd. #205<br>Clearwater, FL 33759 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Wiley, Kathy<br>477 20th Avenue<br>Indian Rocks Beach, FL 33785 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |