

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006726

**Entity Name:** SHERIFF'S CITIZENS ACADEMY ALUMNI ASSOCIATION, INC.**Current Principal Place of Business:**10750 ULMERTON RD  
LARGO, FL 33778**Current Mailing Address:**PO BOX 2500  
LARGO, FL 33779**FEI Number:** 59-3689301**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GUALTIERI, ROBERT A  
10750 ULMERTON RD  
LARGO, FL 33778 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           SKINNER, GARY  
Address        220 TURTLE CREEK CIR.  
City-State-Zip: OLDSMAR FL 34677

Title            TREASURER  
Name           SCHOCH, TERRY  
Address        8920 B PARK BLVD.  
City-State-Zip: SEMINOLE FL 33777

Title            VP  
Name           HANK, SAMUEL  
Address        3844 TARPON POINTE CIR.  
City-State-Zip: PALM HARBOR FL 34684

Title            SECRETARY  
Name           SHERMAN, BARBARA  
Address        106 PALMETTO LANE  
City-State-Zip: LARGO FL 33770

Title            DIRECTOR  
Name           PARENT, JIM  
Address        503 55TH AVE.  
City-State-Zip: ST. PETE BEACH FL 33706

Title            DIRECTOR  
Name           DIEFENBACH, ELLIE  
Address        14199 JOEL COURT  
City-State-Zip: LARGO FL 33774

Title            DIRECTOR  
Name           MACDAID, DAVE  
Address        446 OLD OAK CIR.  
City-State-Zip: PALM HARBOR FL 34683

Title            DIRECTOR  
Name           REYZIN, STAN  
Address        6662 79TH AVE. NORTH  
City-State-Zip: PINELLAS PARK FL 33781

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** GARY SKINNER**PRESIDENT****03/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	SHAPIRO, STEVE
Address	349 SHORE DRIVE E
City-State-Zip:	OLDSMAR FL 34677