

2017 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 ROAD
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 ROAD
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 CIRCLE
City-State-Zip: OLDSMAR FL 34677

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

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

Title DIRECTOR
Name REYZIN, STAN
Address 7370 ISLAMORADA CIRCLE
City-State-Zip: SEMINOLE FL 33777

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

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

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

Title DIRECTOR
Name GUALTIERI, BOB
Address 10750 ULMERTON ROAD
City-State-Zip: LARGO FL 33778

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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****04/20/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SCHERB, AMY
Address 7974 TASSO COURT
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR
Name SOSSLAU, MIKE
Address 159 SAND KEY ESTATES DRIVE
City-State-Zip: CLEARWATER FL 33767

Title DIRECTOR
Name MITCHELL, DUKE
Address 9968 OAKS LANE
City-State-Zip: SEMINOLE FL 33772