

2018 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****04/18/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SMALLS, LAUREN
Address 15777 BOLESTA ROAD LOT#61
City-State-Zip: CLEARWATER FL 33760

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