

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

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

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

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

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

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

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