

2019 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	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	TREASURER
Name	SCHOCH, TERRY
Address	8920 B PARK BOULEVARD
City-State-Zip:	SEMINOLE FL 33777

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

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

Title	DIRECTOR
Name	DICICCO, CHERYL
Address	8199 TERRACE GARDEN DRIVE NORTH
City-State-Zip:	ST. PETERSBURG FL 33709

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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

04/04/2019

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HOWARD, LATIA
Address P.O. BOX 47112
City-State-Zip: ST. PETERSBURG FL 33743

Title OTHER
Name BUTLER, RICKY
Address 10750 ULMERTON ROAD
City-State-Zip: LARGO FL 33778

Title DIRECTOR
Name GROSS, WAYNE
Address 1395 EMBASSY DRIVE
City-State-Zip: CLEARWATER FL 33764