

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000007075

**FILED**  
**Feb 26, 2018**  
**Secretary of State**  
**CC4058768315**

**Entity Name:** LAKE COUNTY SHERIFF'S CHARITIES, INC.

**Current Principal Place of Business:**

1255 EAST COUNTY ROAD 44  
EUSTIS, FL 32736

**Current Mailing Address:**

1255 EAST COUNTY ROAD 44  
EUSTIS, FL 32736 US

**FEI Number: 82-2094126**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BOWEN & SCHROTH, P.A.  
600 JENNINGS AVENUE  
EUSTIS, FL 32726 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           DIRECTOR, PRESIDENT  
Name           PORTER, DAVID  
Address        1255 EAST COUNTY ROAD 44  
City-State-Zip: EUSTIS FL 32736

Title           DIRECTOR, TREASURER  
Name           COBB, NANETTE L  
Address        1255 EAST COUNTY ROAD 44  
City-State-Zip: EUSTIS FL 32736

Title           DIRECTOR  
Name           DEAS, II, ISAAC B  
Address        1255 EAST COUNTY ROAD 44  
City-State-Zip: EUSTIS FL 32736

Title           DIRECTOR, VP  
Name           DE LIBRO, CHRIS  
Address        1255 EAST COUNTY ROAD 44  
City-State-Zip: EUSTIS FL 32736

Title           DIRECTOR, SECRETARY  
Name           MYERS, JAMES A  
Address        1255 EAST COUNTY ROAD 44  
City-State-Zip: EUSTIS FL 32736

Title           DIRECTOR  
Name           SMITH, KATE R  
Address        1255 EAST COUNTY ROAD 44  
City-State-Zip: EUSTIS FL 32736

Title           DIRECTOR  
Name           STEWART, IV, JOHN W  
Address        1255 EAST COUNTY ROAD 44  
City-State-Zip: EUSTIS FL 32736

*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: JAMES A. MYERS**

**DIRECTOR/SECRETARY**

**02/26/2018**

Electronic Signature of Signing Officer/Director Detail

Date