

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000011893

**Entity Name:** COMMUNITY-POLICE RELATIONS FOUNDATION, INC.

**Current Principal Place of Business:**

C/O SILVERMAN SCHERMER  
401 E. LAS OLAS BLVD. SUITE 1400  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

C/O SILVERMAN SCHERMER  
401 E. LAS OLAS BLVD. SUITE 1400  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 82-3570045

**Certificate of Status Desired:** No

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

SCHERMER, STEVEN J  
C/O SILVERMAN SCHERMER  
401 E. LAS OLAS BLVD. SUITE 1400  
FORT LAUDERDALE, FL 33301 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:** STEVEN SCHERMER

03/04/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ESKANAZY, ALVIN  
Address        C/O SILVERMAN SCHERMER  
                  401 E. LAS OLAS BLVD. SUITE 1400  
City-State-Zip: FORT LAUDERDALE FL 33301

Title            CO-CHAIRMAN  
Name            SKOLNICK, BARRY  
Address        C/O SILVERMAN SCHERMER  
                  401 E. LAS OLAS BLVD. SUITE 1400  
City-State-Zip: FORT LAUDERDALE FL 33301

Title            CO-CHAIRMAN  
Name            ESKANAZY, ALVIN  
Address        401 E. LAS OLAS BLVD.  
                  SUITE 1400  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** ESKANAZY , ALVIN

**OFFICER**

03/04/2024

Electronic Signature of Signing Officer/Director Detail

Date