

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000001832

**FILED**  
**Apr 07, 2015**  
**Secretary of State**  
**CC8331173409**

**Entity Name:** APOPKA CITIZEN POLICE ACADEMY ALUMNI ASSOCIATION, INC.

**Current Principal Place of Business:**

112 E. 6TH ST.  
APOPKA, FL 32703

**Current Mailing Address:**

112 E. 6TH STREET  
APOPKA, FL 32703

**FEI Number: 59-3325253**

**Certificate of Status Desired: No**

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

GESELL, RICHARD, A  
1315 LEXINGTON PARKWAY  
APOPKA, FL 32712 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           GESELL, RICHARD A  
Address        444 LANARKSHIRE PLACE  
City-State-Zip: APOPKA FL 32712

Title           SECRETARY  
Name           CASTILLO, JOANN  
Address        914 SHEELER OAKS DR.  
City-State-Zip: APOPKA FL 32703

Title           VP  
Name           SMITH, JIM  
Address        1451 HOLLYHOCK CIRCLE  
City-State-Zip: APOPKA FL 32703

Title           TREASURER  
Name           FLAMBOE-CLARK, MARIANNE  
Address        419 COMFORT DR.  
City-State-Zip: APOPKA FL 32712

Title           DIRECTOR  
Name           GRAY, JUDIE  
Address        2169 LAKE MARION DR.  
City-State-Zip: APOPKA FL 32712

Title           DIRECTOR  
Name           GUTTMAN, MARVIN  
Address        427 LANARKSHIRE PL.  
City-State-Zip: APOPKA FL 32712

Title           DIRECTOR  
Name           HOOKS, SHAREN  
Address        876 HICKORY KNOLL CT.  
City-State-Zip: APOPKA FL 32712

Title           DIRECTOR  
Name           SURIFF, MARVIN  
Address        1346 CHEBON CT  
City-State-Zip: APOPKA FL 32712

**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: RICHARD GESELL**

**PRESIDENT**

**04/07/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           GLADDEN, MICHAEL  
Address        7023 OAKMORE LA.  
City-State-Zip: ORLANDO FL 32818