

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000005976

**Entity Name:** LCSO CITIZEN'S ACADEMY ALUMNI ASSOCIATION, INC.**Current Principal Place of Business:**LEON COUNTY SHERIFF'S OFFICE  
2825 MUNICIPAL WAY  
TALLAHASSEE, FL 32304**Current Mailing Address:**PO BOX 727  
TALLAHASSEE, FL 32302-0727**FEI Number:** 59-3558926**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUTCHESON, AMY  
LEON COUNTY SHERIFF'S OFFICE  
2825 MUNICIPAL WAY  
TALLAHASSEE, FL 32304 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:** AMY HUTCHESON

04/07/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name FODER, ROSEMARY  
Address P.O. BOX 180283  
City-State-Zip: TALLAHASSEE FL 32309

Title S  
Name THOMA, DEBORAH  
Address 163 MERIDIANNA DRIVE  
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR  
Name DAVIS, LAURA  
Address 1817 SALMON DRIVE  
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR  
Name MARS, ROY  
Address PO BOX 727  
City-State-Zip: TALLAHASSEE FL 32302-0727

Title T  
Name HUTCHESON, AMY  
Address 5825 DONESBURY CT  
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR  
Name PHELPS, CINDY  
Address 4530 LOUVINIA CT  
City-State-Zip: TALLAHASSEE FL 32311

Title VP  
Name SLAVIN, SHARON  
Address PO BOX 727  
City-State-Zip: TALLAHASSEE FL 32302-0727

Title DIRECTOR  
Name VANGUILDER, JERRY  
Address PO BOX 727  
City-State-Zip: TALLAHASSEE FL 32302-0727

**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:** AMY HUTCHESON**TREASURER**

04/07/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	VANGUILDER, MARY
Address	PO BOX 727
City-State-Zip:	TALLAHASSEE FL 32302-0727