

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000006726 1. Entity Name SHERIFF'S CITIZENS ACADEMY ALUMNI ASSOCIATION, INC.	
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Principal Place of Business 10750 ULMERTON RD LARGO, FL 33778	Mailing Address PO BOX 2500 LARGO, FL 33779
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DO NOT WRITE IN THIS SPACE

 04112007 No Chg-NP CR2E037 (4/06)	
4. FEI Number 59-3689301	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GUALTIERI, ROBERT 10750 ULMERTON RD LARGO, FL 33778	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____		DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, GRADY 1660 NARVIA CT DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHOCH, TERRY 4331 122ND WAY NORTH LARGO, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSEMAN, ZOE 16326 GULF BLVD REDDINGTON BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHERMAN, BARBARA 106 PALMETTO LANE LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

U000000712587
 04/26/07-80055-003 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Date 4/12/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	