

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 15, 2007  
Secretary of State**

DOCUMENT# N01000003846

Entity Name: SEMINOLE COUNTY SHERIFF'S OFFICE BENEVOLENT FUND, INC.

**Current Principal Place of Business:**

100 BUSH BLVD.  
SANFORD, FL 32773

**New Principal Place of Business:**

**Current Mailing Address:**

100 BUSH BLVD.  
SANFORD, FL 32773

**New Mailing Address:**

FEI Number: 59-3720120      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

CANNON, SANDRA  
100 BUSH BLVD.  
SANFORD, FL 32773      US

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

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

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: ECKWAHL, DEBRA L  
Address: 100 BUSH BLVD.  
City-St-Zip: SANFORD, FL 32773

Title: SD ( ) Delete  
Name: BLAIR, SYLVIA  
Address: 100 BUSH BLVD.  
City-St-Zip: SANFORD, FL 32773

Title: D (X) Delete  
Name: YOWELL, PHYLLIS  
Address: 100 BUSH BLVD.  
City-St-Zip: SANFORD, FL 32773

Title: PD ( ) Delete  
Name: CANNON, SANDRA  
Address: 100 BUSH BLVD.  
City-St-Zip: SANFORD, FL 32773

Title: D ( ) Delete  
Name: MOSS, LINDA L  
Address: 100 BUSH BLVD.  
City-St-Zip: SANFORD, FL 32773

Title: VD ( ) Delete  
Name: GROVES, JENNIFER  
Address: 100 BUSH BLVD.  
City-St-Zip: SANFORD, FL 32773

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MOSS, LINDA L  
Address: 100 BUSH BLVD.  
City-St-Zip: SANFORD, FL 32773

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEBRA L. ECKWAHL

TD

03/15/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date