

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
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: 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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

01/30/2009

Electronic Signature of Signing Officer or Director

Date