

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # N41401

1. Entity Name
SCPD ALUMNI ASSOCIATION, INC.



Principal Place of Business
P.O. BOX 5998
SPRING HILL, FL 34611

Mailing Address
P.O. BOX 5998
SPRING HILL, FL 34611



02042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3046805

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AIMES, RONALD
9108 GALLUP CIRCLE
SPRING HILL, FL 34608

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C
NAME QUINTUS, DONALD
STREET ADDRESS 6787 W CALUMET CIR.
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE VC
NAME RAYMOND, RUSSELL
STREET ADDRESS 6109 WINDING LAKE DR.
CITY-ST-ZIP JUPITER, FL 33458

TITLE TD
NAME AIMES, RONALD
STREET ADDRESS 9108 GALLUP CT.
CITY-ST-ZIP SPRING HILL, FL

TITLE S
NAME PFUNDSTEIN, ADAM
STREET ADDRESS 9002 TERR. CT
CITY-ST-ZIP WINDERMERE, FL 34786

TITLE D
NAME LYNCH, JOHN
STREET ADDRESS 13703 WILKES DR
CITY-ST-ZIP TAMPA, FL 33618

TITLE D
NAME WOODS, JAMES
STREET ADDRESS 4400 FLEXER DR
CITY-ST-ZIP SPRING HILL, FL

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/08 352
688 8363
Daytime Phone #