

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003846

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

**FILED**  
**Mar 24, 2021**  
**Secretary of State**  
**8670632562CC**

**Current Principal Place of Business:**

100 ESLINGER WAY  
SANFORD, FL 32773

**Current Mailing Address:**

100 ESLINGER WAY  
SANFORD, FL 32773 US

**FEI Number: 59-3720120**

**Certificate of Status Desired: No**

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

ANCION, CALIX  
100 ESLINGER WAY  
SANFORD, FL 32773 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:** ANCION, CALIX

03/24/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY, DIRECTOR  
Name CRUZ, TERRY  
Address 100 ESLINGER WAY  
City-State-Zip: SANFORD FL 32773

Title PRESIDENT, DIRECTOR  
Name CHASE, ERIC  
Address 100 ESLINGER WAY  
City-State-Zip: SANFORD FL 32773

Title VP, DIRECTOR  
Name WOODS, BRIAN  
Address 100 ESLINGER WAY  
City-State-Zip: SANFORD FL 32773

Title TREASURER, DIRECTOR  
Name ANCION, CALIX  
Address 100 ESLINGER WAY  
City-State-Zip: SANFORD FL

Title ASST. SECRETARY  
Name STOUGH, BRANDI  
Address 100 ESLINGER WAY  
City-State-Zip: SANFORD FL 32773

Title ASST. TREASURER  
Name HALVERSON, ALESSANDRA  
Address 100 ESLINGER WAY  
City-State-Zip: SANFORD FL 32773

*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:** ANCION, CALIX

**TREASURER**

03/24/2021

Electronic Signature of Signing Officer/Director Detail

Date