

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003846

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC7538145333**

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

**Current Principal Place of Business:**

100 BUSH BLVD.  
SANFORD, FL 32773

**Current Mailing Address:**

100 BUSH BLVD.  
SANFORD, FL 32773

**FEI Number: 59-3720120**

**Certificate of Status Desired: Yes**

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

CANNON, SANDRA  
100 BUSH BLVD.  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TD  
Name ECKWAHL, DEBRA L  
Address 100 BUSH BLVD.  
City-State-Zip: SANFORD FL 32773

Title SD  
Name BLAIR, SYLVIA  
Address 100 BUSH BLVD.  
City-State-Zip: SANFORD FL 32773

Title PD  
Name CANNON, SANDRA  
Address 100 BUSH BLVD.  
City-State-Zip: SANFORD FL 32773

Title D  
Name CARTER, MICHELLE  
Address 100 BUSH BLVD.  
City-State-Zip: SANFORD FL 32773

Title VD  
Name GROVES, JENNIFER  
Address 100 BUSH BLVD.  
City-State-Zip: SANFORD FL 32773

Title D  
Name MOSS, LINDA  
Address 100 BUSH BLVD.  
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: DEBRA L. ECKWAHL**

**TD**

**02/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date