

2026 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000004377

Entity Name: SEMINOLE COUNTY SHERIFF FOUNDATION, INC.

Current Principal Place of Business:

100 ESLINGER WAY
SANFORD, FL 32773

Current Mailing Address:

100 ESLINGER WAY
SANFORD, FL 32773

FEI Number: 82-5248387

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAYNARD NEXSEN PC
200 E NEW ENGLAND AVE STE 300
WINTER PARK, FL 32789 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: BRIAN A. MILLS, ESQ.

01/29/2026

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name NUNZIATA, SAL A
Address 189 S ORANGE AVE.
#970
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name HADLEY, RALPH V III
Address 200 E. NEW ENGLAND AVENUE,
SUITE 300
City-State-Zip: WINTER PARK FL 32789

Title CHAIRMAN
Name PREWITT, DON
Address 951 SWEETWATER CLUB BLVD
City-State-Zip: LONGWOOD FL 32779

Title VP, DIRECTOR
Name BRINKLEY, CHARLIE
Address 605 CRESCENT EXECUTIVE COURT
SUITE 224
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR
Name WALLS, ED
Address 105 VARIETY TREE CIRCLE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name IOPPOLO, FRANK
Address 120 STONE POST ROAD
City-State-Zip: LONGWOOD FL 32779

Title PRESIDENT, DIRECTOR
Name DICKS, JAMES
Address 103 COMMERCE STREET
SUITE 140
City-State-Zip: LAKE MARY FL 32746

Title SECRETARY, DIRECTOR
Name MUELLER, THOMAS
Address 8825 BOGGY CREEK ROAD
City-State-Zip: ORLANDO FL 32824

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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: NUNZIATA , SAL

MANAGER

01/29/2026

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER, DIRECTOR
Name ALTIZER, TIFFANY
Address 431 EAST HORATIO AVENUE
 SUITE 300
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name HOWARD, SCOTT
Address 1148 WALDORF COURT
City-State-Zip: WINTER SPRINGS FL 32708

Title DIRECTOR
Name PARKER, BRAD
Address 106 SQUIRE HILL RD
City-State-Zip: LONGWOOD FL 32779

Title OTHER
Name HAYNES, KELLY
Address 100 ESLINGER WAY
City-State-Zip: SANFORD FL 32773

Title DIRECTOR
Name BERMAN, CARY
Address 3660 MAGUIRE BLVD
 SUITE 250
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name NANTON, NICK
Address 100 ESLINGER WAY
City-State-Zip: SANFORD FL 32773

Title DIRECTOR
Name BEARY, KEVIN
Address 100 ESLINGER WAY
City-State-Zip: SANFORD FL 32773