

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000004377

**FILED**  
**Mar 24, 2024**  
**Secretary of State**  
**2914423918CC**

**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.

03/24/2024

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 KOTROBA, SCOTT F  
Address 43 E PINE ST  
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 EARL, CHRISTOPHER  
Address 1505 E COLONIAL DR  
City-State-Zip: ORLANDO FL 32803

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

Title DIRECTOR  
Name SERGI, ERIC  
Address 3999 W FIRST STREET  
City-State-Zip: SANFORD FL 32771

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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:** TIFFANY ALTIZER

**TREASURER**

03/24/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

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

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

Title DIRECTOR  
Name PREWITT, SCOTT  
Address 103 COMMERCE ST., SUITE 140  
City-State-Zip: LAKE MARY FL 32746