2025 Form 1X - Amendment to Statement of Financial Interests

Filed with COE: 08/15/2026

General Information

Name: Mr Charles Davis

PID 258007

AGENCY INFORMATION

Organization	Suborganization	Title
Sanford	Community Redevelopment Agency	Board Chairman
Seminole County Port Authority	Board of Directors	

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over $2,500) (Major sources of income to the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
CHARLES DAVIS & ASSOCIATES	1754 Rinehart Rd	INSURANCE OFFICE

Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write “none” or “n/a”)

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Filed with COE: 08/15/2026

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Location/Description
N/A

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over $10,000)
(If you have nothing to report, write “none” or “n/a”)

Type of Intangible	Business Entity to Which the Property Relates
SIMPLE IRA	CHARLES DAVIS

Liabilities

LIABILITIES (Major debts valued over $10,000):
(If you have nothing to report, write “none” or “n/a”)

Name of Creditor	Address of Creditor
COGENT BANK	655 W. MORSE BLVD #11 WINTER PARK
FAIRWINDS CREDIT UNION	5020 W. SR 46 SANFORD
HUNTINGTON BANK	PO BOX 182519 COLUMBUS OHIO

Filed with COE: 08/15/2026

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write “none” or “n/a”)

Business Entity # 1
N/A

Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

☑ I certify that I have completed the required training under Section 112.3142, F.S.

☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Amendment Reason

Explanation of changes why are you amending your previous form 1 submission?
WHEN FILING OUT THE FIRST TIME INFO ON SOURCE OF INCOME DIDN'T SAVE

Filed with COE: 08/15/2026

Signature of Filer

Charles Davis

Digitally signed: **08/15/2026**

Filed with COE: 08/15/2026