



Appointments Questionnaire

The information from this questionnaire will be used by the Governor's office and, where applicable, The Florida Senate in considering action on your confirmation. The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. **Please type or print in black ink.**

10/20/2022

Date Completed

Name: Rev. Eliut Alicea

MR./MRS./MS./DR.

FIRST

LAST

MIDDLE/MAIDEN

Section 1- General Information

List all your places of residence for the last ten (10) years.

Address	City & State	Dates: From / To
2136 Wood Stork Ave	St Augustine, FL 32084	09/2017 - Present
4104 Palmetto Bay Dr	Elkton, FL 32033	07/2016 - 09/2017
3654 2nd Street	St Augustine, FL 32084	07/2015- 07/2016
3410 Haley Pointe Rd	St Augustine, FL 32084	06/2014 - 07/2015
8854 Rose Hill Dr North,	Jacksonville, FL 32221	03/2006 - 06/2014

List all your former and current residences outside of Florida that you have maintained at any time during adulthood

Address	City & State	Dates: From / To

Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes No

If "Yes" give details:

Date	Place	Nature	Disposition

Section 2- Education and Background

High School: Riverdale High School Ft Myers Florida
(Name) (Location)

Year Graduated: 1993

List all postsecondary education institutions attended:

Name	Dates	Degree Received
Tri-Services Academy of Health Sciences,	1993- 1994,	Advanced Medical Laboratory (MLT) Specialist
Global University,	1997 – 2004,	Ministerial Studies Diploma
University of Phoenix,	2004 – 2006,	Bachelors of Science Business Management (With Honors)
Western Governors University,	2007 – 2009,	MBA – Management and Strategy

Are you or have you ever been a member of the armed forces of the United States? Yes No

If "Yes" List:

Dates of service: 07/1993 - 07/1999

Branch or component: U.S. Navy

Date & type of discharge: Honorable Discharge

Concerning your current employer and for all of your employment during the last ten years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

Employer's Name & Location	Type of Business	Occupation Title	Period
Bridge of Life Assembly of God St Augustine, FL , Church,	Church, Lead Pastor	2012 - Present	
Alicea Services LLC, St Augustine, FL	Financial Planning Services	Series 7, 66 Financial Planner	2012-2022

Have you ever been employed by any state, district, or local governmental agency in Florida?

Yes No

If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

Position	Employing Agency	Period of Employment
Teacher	Duval County Public Schools	2010-2012

Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes No

If "Yes", please list:

Have you ever been elected or appointed to any public office in this state? Yes No

If "Yes", state the office title, dates in office, level of government (city, county, district, state, federal), and whether you were elected or appointed (if appointed, by whom):

Office Title	Dates in Office	Level of Government	Election or Appointment

If your service was on an appointed board(s), committee(s), or council(s):

- (1) How frequently were meetings scheduled: _____
- (2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

Meetings Attended	Meetings Missed	Reason for Absence

Has probable cause ever been found that you were in violation of the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S.? Yes No

If "Yes" give details:

Date	Nature of Violation	Disposition

Have you ever been suspended from any office by the Governor of the State of Florida?

Yes No

If "Yes", list:

Title of Office: _____

Reason for suspension: _____

Date of suspension: _____

Result: Reinstated Removed Resigned

Have you previously been appointed to any office that required confirmation by the Florida Senate?

Yes No

If "Yes", list:

(1) Title of Office: _____

(2) Term of Appointment: _____

(3) Confirmation Result: _____

Have you ever been refused a fidelity, surety, performance, or other bond? Yes No

If "Yes", explain:

License/Certificate	Title/Number	Date Issued	Issuing Authority	Disciplinary Action/Date
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Section 3- Possible Conflicts of Interest

Have you, or businesses of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment?

Yes No

If "Yes", explain:

Name of Business	Your Relationship to Business	Business Relationship to Agency
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Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment?

Yes No

If "Yes", explain:

Name of Business	Relationship to You	Relationship to Business	Business Relationship to Agency
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Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes No

(1) Did you receive any compensation other than reimbursement for expenses? Yes No

(2) Name of agency or entity you lobbied and the principal(s) you represented:

Agency Lobbied

Principal Represented

Are there any possible conflicts of interest that could affect your ability to serve as a gubernatorial appointee?

None

If you agree, please type or write your initials for each of the following statements:

(1) If appointed, I agree to follow, as applicable to the position, Florida's public records and open meeting laws. EIA

(2) If appointed, I agree to follow, as applicable to the position, the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S. EIA

Section 4- References and Experience

State your experiences and interests or elements of your personal history that qualify you for this appointment:

I am highly involved in the civic affairs of our community. I am the sitting president for the Kiwanis of Historic St Augustine. I was the past secretary of the Kiwanis. I am the Chairman for the Faith Advisory Council of The St Johns County School Board. As a financial advisor I took on the fiduciary role in the wealth management of multiple clients handling millions in Assets Under Management.

Please list specifically any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment:

Certified MBA with the International Certification Institute, Florida 2-15 Resident Health & Life Agent License, FINRA General Securities Representative Series 7 & 66, Florida Teachers Certificate Middle School Integrated Education

Please list any awards or recognitions you have received relating to the subject matter of this appointment:

Presented at the FDOE Faith-Based initiative, as a model for healthy Faith-Based programs.

Please identify all association memberships and offices (including any business, professional, occupational, civic, or fraternal organizations) you have held or hold relating in the last 10 years:

Name of the Association	Role	Dates of Membership
Kiwanis of Historic St Augustine,	Current President, Past Secretary,	2015-present
Faith Advisory Council St Johns County School District,	Chairman,	2016-Present
Section 2 Pen-Florida Assemblies of God,	Sectional Secretary,	2018-Present
Marketplace Ministry of St Augustine,	Board Member,	2016-2019
First Coast Hispanic Chamber of Commerce,	Member,	2010-2014

Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes No

If "Yes", explain:

List three persons who have known you well within the past five (5) years. Include a current telephone number. Exclude your relatives and members of the Florida Senate.

Name	Organization	Phone Number
Lionel "Skeeter" Key	Kiwanis Past President, SJCSB School Principal, Flagler College	904-377-1532
Joe Saviak	Public Administration Professor Flagler College, Executive Director FCSO	904-599-5678
John Bridges	Retired General Florida National Guard,	904-501-3380

In the following space, please explain why you want to serve as a gubernatorial appointee and share anything else that you think may be helpful:

As a veteran and minister working and living in St Johns County the last 10 years, my desire is to see continuity in our government. St Johns has often led the state in innovation and community involvement. I believe that our best days are ahead of us, if we find ways to balance our budget, innovate systems and processes within local government, and hold fast to our conservative views. As a veteran I understand commitment to the mission. As a business owner and Financial Advisor I have a keen understanding of finance. As a Pastor, I understand systems and people and how to make sure every detail is taken care of. My integrity in the community is without question and I strive to keep it so.

Section 5- Certification and Signature

I understand that any appointment tendered to me will be contingent upon the results of a background investigation, and I am aware that withholding information or making false statements on this application may be the basis for non-appointment by the Executive Office of the Governor and criminal penalties. I agree to these conditions, and I declare that I have read the foregoing application and any attachments and the facts stated within them are true, correct, and complete to the best of my knowledge and belief.

By checking this box and typing my name below I am electronically signing my application and understand that an electronic signature has the same force and effect as a written signature.

/s/ Eliot | Alicea
First Name Middle Initial Last Name Suffix

Please save this document to upload with your board application.

If you have any questions, please call (850) 717-9243 or email Appointments@eog.mvflorida.com

Historicity
NEWS