

ST JOHNS County Warrant Number: _____

FELONY WARRANT

STATE OF FLORIDA

**IN THE CIRCUIT COURT FOR
ST JOHNS COUNTY, FLORIDA**

VS.

CLERK NUMBER:

AGENCY: OFFICE OF THE STATE ATTORNEY

AGENCY REPORT NO. 5A5054072A03

ANTHONY CUTHBERT

CHARGE(S):

- **GRAND THEFT OVER 20K**
- **ORGANIZE SCHEME TO DEFRAUD LESS THAN 50K**

W/M; DOB: [REDACTED]

HGT.: 5'7" / WGT.: 165 lbs.

In the name of the State of Florida, to All and Singular the Sheriffs of the State of Florida:

WHEREAS, Investigator T.C. McIntosh has made an oath before this Court, that all information contained in the affidavit are true and accurate and probable cause exists on the following two charges:

COUNT I: Grand Theft - Greater than \$20,000.00, FL. ST. 812.014 2(c) - 2(F)

COUNT 2: Organize Scheme to Defraud - Less than \$50,000.00, FL. ST. 817.034 4(a) 1 - 2(F)

These are, therefore, to command you to arrest instanter the above-named accused and bring him/her before the CIRCUIT Court, ST JOHNS County, Florida, at the next scheduled 24-hour appearance hearing following his/her arrest, unless he/she shall first post bond in the amount of

COUNT I: \$ 25,000

COUNT II: \$ 25,000

Given under my hand and seal this 3rd day of February 2026.



CIRCUIT JUDGE
ST JOHNS COUNTY, FLORIDA

EXTRADITION INFORMATION:

ENTER INTO NCIC/FCIC
NATIONWIDE



7th. Judicial Circuit 707
Charging Affidavit – St. Johns

Arrest # _____

Bk # _____

Pg #1 of 1

ARREST <input type="checkbox"/> NOTICE TO APPEAR <input type="checkbox"/> AFFIDAVIT <input checked="" type="checkbox"/> C.C. <input type="checkbox"/>		ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/>		Court Case Number:
(ORI) FL:	0 6 4 0 1 5	Agency Name: STATE ATTORNEY OFFICE, 7 TH CIRCUIT		Agency Case Number: SA25054072A03
FCIC/NCIC Check? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		OBTS#	UCR:	Date Arrested:
ADDRESS OF ARREST:		Arrested By:		ID Number:
DEFENDANT Name (L,F,M): CUTHBERT, ANTHONY W.		A.K.A.:		Sex: MALE Race: WHITE
DOB:	Age: 57	State: FL		Year Expires: 2026
Height: -57	Weight: 165	Hair: WHITE	Eyes: BLUE	POB (City, St, Country)
Scars, Marks, Tattoos:		Business & Occupation: RETIRED LAW ENFORCEMENT		Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Probation: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Sexual Predator: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		English: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Address-Mailing/Perm:		ZIP CODE:		RESIDENCE PHONE:
Address-Local:		ZIP CODE:		RESIDENCE PHONE:
Address-Other(Employer/School):		ZIP CODE:		BUS/SCHOOL PHONE:
CHARGES		DOMESTIC VIOLENCE? YES <input type="checkbox"/>		Total Charges: 2
#1	Charge: GRAND THEFT (2F)	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: 812.014	Citation No.: Bond:
#2	Charge: SCHEME TO DEFRAUD (2F)	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: 817.034	Citation No.: Bond:
#3	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.: Bond:
CO-DEFENDANT		Co-Def #1. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>		Co-Def #2. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>
#1 NAME(L,F,M):		Race:		Sex: DOB: Age:
#2 NAME(L,F,M):		Race:		Sex: DOB: Age:
NARRATIVE		The undersigned certifies and swears that there is probable cause to believe the above named defendant, on the 2ND day of DECEMBER, 2025, at approximately 0900 a.m. p.m. at ST. AUGUSTINE, FL within ST. JOHNS County, violated the law and did then and there:		
DURING THE PERIOD OF JANUARY 1, 2020 THROUGH DECEMBER 2, 2026, CUTHBERT TOOK AND CONVERTED TO PERSONAL USE \$22,722 (USD) BELONGING TO THE ST. AUGUSTINE POLICE BENEVOLENT ORGANIZATION, THUS DEPRIVING THE CHARITY OF FUNDS RIGHTLY DUE AND EMBEZZLING THE FUNDS AS THE TREASURER OF THE ORGANIZATION. A FRAUD EXAMINATION OF THE BANK ACCOUNT OF THE PBO AND THE PERSONAL BANK ACCOUNT OF CUTHBERT REVEALED 177 CHECKS MADE OUT TO CUTHBERT, SIGNED AND ENDORSED BY CUTHBERT, AND DEPOSITED INTO HIS PERSONAL BANK ACCOUNT, AGAINST THE PBO ACCOUNT. ADDITIONALLY, CASH DEPOSITS TOTALING \$17,632 (USD) WERE IDENTIFIED IN CUTHBERT'S PERSONAL BANK ACCOUNT THAT ARE SUSPECTED TO BE FUNDS DUE THE PBO AND NOT HIMSELF.				
NOTICE TO APPEAR		MANDATORY APPEARANCE <input type="checkbox"/>		YOU NEED NOT APPEAR IN COURT BUT MUST COMPLY WITH INSTRUCTIONS ON THE REVERSE SIDE OF YOUR COPY <input type="checkbox"/>
FINE, AND COSTS AMOUNT:				
I AGREE TO APPEAR IN COURT HEREIN TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE INDICATED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED, OR PAY THE LISTED FINE, I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST WILL BE ISSUED.				
SIGNATURE OF DEFENDANT		DATE		RELATIONSHIP TO JUVENILE
Sworn to and subscribed before me, the undersigned This 2ND day of Feb. 2026.		I swear/affirm the above statements are correct and true.		Rt Thumb
Name: R. GARZA SA 747		OFFICER'S/COMPLAINANT'S SIGNATURE		
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>		NAME(PRINTED) T.C. MCINTOSH		ID NUMBER 737
Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/>		Inmate Number & facility:		
Type of Identification:		OFFICIAL USE ONLY		