

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011048

**FILED**  
**Jun 24, 2018**  
**Secretary of State**  
**CC1265749414**

**Entity Name:** SOUTHWEST FLORIDA FENCING ACADEMY, INC.

**Current Principal Place of Business:**

4210 FOWLER ST.  
UNIT 9 & 10  
FT. MYERS, FL 33901

**Current Mailing Address:**

213 LAKE AVENUE  
LEHIGH ACRES, FL 33936 US

**FEI Number:** 20-2001867

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOON, NOLIN  
213 LAKE AVENUE  
LEHIGH ACRES, FL 33936 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:** NOLIN MOON

06/24/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name JOHNSON, CHARLES B  
Address 4165 EAST RIVER DR.  
City-State-Zip: FT. MYERS FL 33916

Title T  
Name MOON, NOLIN  
Address 213 LAKE AVE.  
City-State-Zip: LEHIGH ACRES FL 33936

Title D  
Name MOORE, VIRGINIA  
Address 12461 EAGLE POINT CIRCLE  
City-State-Zip: FT. MYERS FL 33913

Title D  
Name MARZ, AMY  
Address 18375 BASE LEG AVE.  
City-State-Zip: FORT MYERS FL 33917

*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:** NOLIN MOON

**TREASURER**

06/24/2018

Electronic Signature of Signing Officer/Director Detail

Date