

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011048

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

**Current Principal Place of Business:**

4165 EAST RIVER DR.  
FT. MYERS, FL 33916

**Current Mailing Address:**

4165 EAST RIVER DR.  
FORT MYERS, FL 33916 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

02/03/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title            DIRECTOR  
Name            LIBERS, ALEXANDER  
Address        2590 MARSHCREEK LANE  
                  # 201  
City-State-Zip: NAPLES FL 34119

Title            DIRECTOR  
Name            SCHEXNAYDER, MARY  
Address        9281 RIVER OTTER DRIVE  
City-State-Zip: FORT MYERS FL 33912

Title            DIRECTOR  
Name            DINSMORE, MARIA ROWENA  
Address        12327 HONEYSUCKLE ROAD  
City-State-Zip: FORT MYERS FL 33966

Title            DIRECTOR  
Name            HAFFENDEN, MELISSA  
Address        12008 HIDDEN LINKS DR  
City-State-Zip: FORT MYERS FL 33912

*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:** CHARLES B. JOHNSON

PRESIDENT

02/03/2022

Electronic Signature of Signing Officer/Director Detail

Date