

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011048

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

02/23/2021

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

Title DIRECTOR
Name KIM, JENNIFER
Address 5634 SHADDELEE LN W
City-State-Zip: FORT MYERS FL 33919

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: NOLIN MOON

TREASURER

02/23/2021

Electronic Signature of Signing Officer/Director Detail

Date