

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000010013

**Entity Name:** SWIM SAFE FOREVER INC.

**Current Principal Place of Business:**

120 PALM WAY  
INDIALANTIC, FL 32903

**Current Mailing Address:**

P.O. BOX 33151  
INDIALANTIC, FL 32903 US

**FEI Number:** 45-3791585

**Certificate of Status Desired:** No

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

GLASSER, CARMEN R  
120 PALM WAY  
INDIALANTIC, FL 32903 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	DIRECTOR	Title	DIRECTOR, SECRETARY
Name	JAIN, TARUN	Name	GLASSER, CARMEN R
Address	P.O. BOX 33151	Address	P.O. BOX 33151
City-State-Zip:	INDIALANTIC FL 32903	City-State-Zip:	INDIALANTIC FL 32903

Title	DIRECTOR, PRESIDENT	Title	DIRECTOR
Name	HAGGARD-BELFORD, MISTY	Name	DRAKE, DAVID
Address	P.O. BOX 33151	Address	P.O. BOX 33151
City-State-Zip:	INDIALANTIC FL 32903	City-State-Zip:	INDIALANTIC FL 32903

Title	TREASURER	Title	DIRECTOR
Name	PETTIS, KRISTEN	Name	CRAYCROFT, BRIANA R
Address	P.O. BOX 33151	Address	P.O. BOX 33151
City-State-Zip:	INDIALANTIC FL 32903	City-State-Zip:	INDIALANTIC FL 32903

Title	DIRECTOR
Name	GLEASON, VIRGINIA
Address	P.O. BOX 33151
City-State-Zip:	INDIALANTIC FL 32903

*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:** CARMEN R GLASSER

**SECRETARY**

**04/22/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date