

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010013

Entity Name: SWIM SAFE FOREVER BREVARD 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:** Yes**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	Title	DIRECTOR, PRESIDENT
Name	IVEY, ROBERT W	Name	HAGGARD-BELFORD, MISTY
Address	P.O. BOX 33151	Address	P.O. BOX 33151
City-State-Zip:	INDIALANTIC FL 32903	City-State-Zip:	INDIALANTIC FL 32903
Title	DIRECTOR	Title	TREASURER
Name	LECKEY, CYNTHIA M	Name	PETTIS, KRISTEN
Address	P.O. BOX 33151	Address	P.O. BOX 33151
City-State-Zip:	INDIALANTIC FL 32903	City-State-Zip:	INDIALANTIC FL 32903
Title	DIRECTOR, VP	Title	DIRECTOR
Name	CRAYCROFT, BRIANA R	Name	GLEASON, VIRGINIA
Address	P.O. BOX 33151	Address	P.O. BOX 33151
City-State-Zip:	INDIALANTIC FL 32903	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 GLASSER

CG

01/31/2013

Electronic Signature of Signing Officer/Director Detail

Date