

2015 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
Name JAIN, TARUN
Address P.O. BOX 33151
City-State-Zip: INDIALANTIC FL 32903

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

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

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

Title DIRECTOR
Name LECKEY, CYNTHIA M
Address P.O. BOX 33151
City-State-Zip: INDIALANTIC FL 32903

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

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

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

Continues on page 2

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

SECRETARY

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, VP
Name BALCEREK, EWELINA
Address P.O. BOX 33151
City-State-Zip: INDIALANTIC FL 32903