

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000004142

**Entity Name:** SWORDS ALLIANCE, INC

**Current Principal Place of Business:**

655 SW 13TH STREET  
FLORIDA CITY, FL 33034

**Current Mailing Address:**

655 SW 13TH STREET  
FLORIDA CITY, FL 33034 US

**FEI Number:** 84-2465442

**Certificate of Status Desired:** Yes

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

TAYLOR, SHANNON R  
655 SW 13TH STREET  
FLORIDA CITY, FL 33034 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 P  
Name TAYLOR, SHANNON R  
Address 655 SW 13TH STREET  
City-State-Zip: FLORIDA CITY FL 33034

Title VP  
Name CUZAN, RUTH  
Address 15360 SW 284 STREET  
City-State-Zip: HOMESTEAD FL 33030

Title DIR  
Name ALEXANDER, JULIE M  
Address 604 NE 10 BLVD  
City-State-Zip: WILISTON FL 32696

Title DIR  
Name ALLMAN, STACIA  
Address 156 RICH CIRCLE  
City-State-Zip: FRANKLIN TN 37064

Title DIR  
Name FARIAS, BRITTANY  
Address 206 SW 5TH AVE  
City-State-Zip: FLORIDA CITY FL 33034

*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:** SHANNON TAYLOR

**PRESIDENT**

**04/12/2021**

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

\_\_\_\_\_  
Date