

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011048

FILED
Jan 22, 2007
Secretary of State

Entity Name: SOUTHWEST FLORIDA FENCING ACADEMY, INC.

Current Principal Place of Business:

4210 FOWLER ST.
UNIT 9 & 10
FT. MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

6780 PLANTATION PINES BLVD
FORT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 20-2001867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANG, PAM
6780 PLANTATION PINES BLVD
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LABODA, AMY
Address: 18735 BASELEG AVE.
City-St-Zip: FT. MYERS, FL 33917 US

Title: V () Delete
Name: KELLY, MARK
Address: 4929 SEVILLE CT.
City-St-Zip: CAPE CORAL, FL 33904 US

Title: SD () Delete
Name: JOHNSON, CHARLES
Address: 4165 EAST RIVER DR.
City-St-Zip: FT. MYERS, FL 33907 US

Title: T () Delete
Name: LANG, PAM
Address: 6780 PLANTATION PINES BLVD
City-St-Zip: FORT MYERS, FL 33912 US

Title: D () Delete
Name: PRETTYMAN, MICHELE
Address: 19143 CALOOSA RD.
City-St-Zip: FT. MYERS, FL 33912 US

Title: D () Delete
Name: SOKOL, THOMAS
Address: 3381 13TH AVE. S.W.
City-St-Zip: NAPLES, FL 34117 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BENNER, JEANNIE
Address: 4210 FOWLER STREET #9
City-St-Zip: FT. MYERS, FL 33901 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MOON, NOLAN
Address: 4210 FOWLER STREET #9
City-St-Zip: FT. MYERS, FL 33901 US

Title: D (X) Change () Addition
Name: HENDRY, HANK
Address: 4210 FOWLER STREET # 9
City-St-Zip: FORT MYERS, FL 33901 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAM LANG

_____ Electronic Signature of Signing Officer or Director

T

01/22/2007

_____ Date