

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011048

FILED  
Jul 07, 2008  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: BENNER, JEANNIE  
Address: 4210 FOWLER STREET #9  
City-St-Zip: FT. MYERS, FL 33901 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: MOON, NOLAN  
Address: 4210 FOWLER STREET #9  
City-St-Zip: FT. MYERS, FL 33901 US

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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

T

07/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date