

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002890

Entity Name: DRESS FOR SUCCESS SW FLORIDA, INC.**Current Principal Place of Business:**12995 S CLEVELAND AVE
#153
FORT MYERS, FL 33907**Current Mailing Address:**12995 S CLEVELAND AVE
#153
FORT MYERS, FL 33907 US**FEI Number: 27-2177347****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHWINN, CHRISTINA H
1833 HENDRY STREET
FORT MYERS, FL 33901 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	MELVIN, BARBARA
Address	3580 PINE RIDGE ROAD
City-State-Zip:	NAPLES FL 34103
Title	PAST PRESIDENT
Name	ANDERSON, KAREN
Address	11524 TIMBERLINE CIRCLE
City-State-Zip:	FORT MYERS FL 33966
Title	TREASURER
Name	SOBECK, TERRI
Address	6208 WHISKEY CREEK DRIVE
City-State-Zip:	FORT MYERS FL 33919
Title	SECRETARY
Name	REYNOLDS, CHERYL
Address	8501 WILLIAMS ROAD
City-State-Zip:	ESTERO FL 33928

Title	CEO
Name	HENDRA, NICKOLE
Address	12995 S CLEVELAND AVE #153
City-State-Zip:	FORT MYERS FL 33907
Title	PRESIDENT
Name	BARINA, JULIO
Address	8961 CONFERENCE DR
City-State-Zip:	FORT MYERS FL 33919
Title	DIRECTOR
Name	SPARY-KONTINOS, CHANDRA
Address	1721 SE 47TH TERRACE
City-State-Zip:	CAPE CORAL FL 33904
Title	DIRECTOR
Name	NOVAKOVICH, JENNIFER
Address	12995 S CLEVELAND AVE #153
City-State-Zip:	FORT MYERS FL 33907

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: TERRI SOBECK**TREASURER****01/28/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date