## 2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N11000004186

Entity Name: ICRI SOUTHWEST FLORIDA CHAPTER INC.

FILED
Jun 17, 2025
Secretary of State
1184521436CC

## **Current Principal Place of Business:**

6900 DANIELS PARKWAY SUITE #29 - 101 FORT MYERS, FL 33912

## **Current Mailing Address:**

6900 DANIELS PARKWAY SUITE #29 - 101 FORT MYERS, FL 33912 US

FEI Number: 45-2034191 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

LEBLANC, ANTONIA 6900 DANIELS PARKWAY SUITE #29 - 101 FORT MYERS, FL 33912 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: ANTONIA LEBLANC 06/17/2025

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT Title VP

Name YOUNG, ANGELA Name MARSAN, CHRISTOPHER

Address 6900 DANIELS PARKWAY Address 6900 DANIELS PARKWAY

SUITE #29 -101 SUITE #29 - 101

City-State-Zip: FORT MYERS FL 33912 City-State-Zip: FORT MYERS FL 33912

Title TREASURER Title DIRECTOR

Name LEBLANC, ANTONIA Name DECICCO, ALEXANDRA

Address 6900 DANIELS PARKWAY Address 6900 DANIELS PARKWAY

SUITE #29 - 101 SUITE #29 - 101

City-State-Zip: FORT MYERS FL 33912 City-State-Zip: FORT MYERS FL 33912

Title SECRETARY Title DIRECTOR

Name POSADAS, KAROL Name POSADAS, ANTONIO

Address 6900 DANIELS PARKWAY Address 6900 DANIELS PARKWAY

SUITE #29 - 101 SUITE #29 - 101

City-State-Zip: FORT MYERS FL 33912 City-State-Zip: FORT MYERS FL 33912

Date

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.