

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000013644

Entity Name: DUANE R. AND CAROLYN A. SWANSON FAMILY FOUNDATION, INC.**FILED**
Jan 22, 2025
Secretary of State
5150827018CC**Current Principal Place of Business:**16451 HEALTHPARK COMMONS DR
STE 107
FORT MYERS, FL 33908**Current Mailing Address:**15880 SUMMERLIN RD #300 PMB 312
FORT MYERS, FL 33908 US**FEI Number: 87-4145801****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WHITLEY, STEVEN R
16451 HEALTHPARK COMMONS DR
STE 107
FORT MYERS, FL 33908 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 DIR
Name SWANSON, CAROLYN A
Address 4810 LAUREL LANE
City-State-Zip: FORT MYERS FL 33908Title DIR
Name NICHOLS, EMILY
Address 15461 CATALPA COVE LANE
City-State-Zip: FORT MYERS FL 33908Title DIR
Name SWANSON-BOTYOS, SHELLEY
Address 1384 LANDMARK COURT
City-State-Zip: FORT MYERS FL 33919Title DIR
Name SWANSON, DUANE R II
Address 4806 LAUREL LANE
City-State-Zip: FORT MYERS FL 33908Title DIR
Name SWANSON, MARK W
Address 5911 W. RIVERSIDE DRIVE
City-State-Zip: FORT MYERS FL 33919Title DIR
Name WHITLEY, STEVEN R
Address 15880 SUMMERLIN RD #300 PMB 312
City-State-Zip: FORT MYERS FL 33908

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: STEVEN R WHITLEY**TREASURER****01/22/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date