2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State
03-18-2005 90078 008 ****61.25

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1. Entity Name
SWEDISH WOMEN'S EDUCATIONAL ASSOCIATION INTERNATIONAL, INC., SOUTH FLORIDA CHAPTER

: 300280043

01142005 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
3811 NW 78 WAY CORAL SPRINGS, FL 33065 US	3811 NW 78 WAY CORAL SPRINGS, FL 33065 US

2. Principal Place of Business	3. Mailing Address
12142 ROMA RD	12142 ROMA RD
Suite (Apt. #, etc.)	Suite (Apt. #, etc.)
City & State: BOYNTON BEACH, FL	City & State: BOYNTON BEACH, FL
Zip: 33437 Country	Zip: 33437 Country

4. FEI Number: 65-0413919 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INGER, ENG 3811 NW 78 WAY CORAL SPRINGS, FL 33065	Name: KARIN SVENSSON Street Address (P.O. Box Number is Not Acceptable): 12142 ROMA RD City: BOYNTON BEACH FL Zip Code: 33437

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Karin Svensson KARIN SVENSSON, TREASURER 3/14/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NORRMAN, BRITT 6221 OLD COURT RD #207 BOCA RATON, FL 33433	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CECILIA DAN 3098 NW 27 TERR. BOCA RATON, FL 33434	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LEITONHUFUUD, FILIPPA 5900 SW 18TH ST. FORT LAUDERDALE, FL 33317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BOOTH, EWA 17688 CHARWOOD DR. BOCA RATON, FL 33498	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ANETTE KRUSELL 450 NW 9 ST DELRAY BEACH, FL 33444	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSEN-COLLARD, LOTTA 3040 JASMINE TERRACE DELRAY BEACH, FL 33483	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ASA HELLSTEN 10501 NW 18 CT PLANTATION FL 33322	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ENG, INGER 3811 NW 78 WAY CORAL SPRINGS, FL 33065	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KARIN SVENSSON 12142 ROMA RD BOYNTON BEACH FL 33437	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NORMARK, ANNIKA 751 MARINE DR. BOCA RATON, FL 33431	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHRISTINE CANNON 25 NW 8 ST DELRAY BEACH FL 33444	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karin Svensson 3/14/05 561-7158504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #