

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # N06000009380
 1. Entity Name
SWEDISH SCHOOL OF TAMPA BAY INC.



Principal Place of Business Mailing Address
 15106 DEER MEADOW DRIVE 15106 DEER MEADOW DRIVE
 LUTZ, FL 33559 US LUTZ, FL 33559 US

DO NOT WRITE IN THIS SPACE



01222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-5490320	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THORNTON, LI A
 15106 DEER MEADOW DRIVE
 LUTZ, FL 33559

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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: *Li Ansefelt Thornton* Li Ansefelt Thornton 1/22/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

U00000637745
 02/26/07-80073-012 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THORNTON, LI A 15106 DEER MEADOW DRIVE LUTZ, FL 33559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEELER, ANNICA 1145 17TH AVENUE NORTH ST PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SKANTZE, JOHAN C 8318 GOLDEN PRAIRIE DRIVE TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Li Ansefelt Thornton* Li Ansefelt Thornton 1/22/07 (813) 830-1045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #