2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008
Secretary of State

DOCUMENT# N07000011973

Entity Name: SWEDISH WOMEN'S EDUCATIONAL ASSOCIATION OF TAMPA BAY INC.

Current Principal Place of Business:

17721 SUNRISE DR
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

PO BOX 717
LUTZ, FL 33549

New Mailing Address:

PO BOX 717
LUTZ, FL 33548 US

FEI Number: 26-1333722 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAMUELSSON, MALIN
17721 SUNRISE DR
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SAMUELSSON, MALIN
Address: 17721 SUNRISE DR
City-St-Zip: LUTZ, FL 33549

Title: T ( ) Delete
Name: HAGA, MIRIAM
Address: 5419 PASSING PINE LN
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: S ( ) Delete
Name: MONROE, ANETTE
Address: 2400 FEATHER SOUND DR
City-St-Zip: CLEARWATER, FL 33762

Title: M ( ) Delete
Name: WELLS, CARINA
Address: 3715 MARBURY CT
City-St-Zip: LAND O LAKES, FL 34639

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: PETERSON, INGRID
Address: 7168 FAIRWAY BEND CIRCLE
City-St-Zip: SARASOTA, FL 34243 US

Title: PR ( ) Change (X) Addition
Name: WALKER, HELENA
Address: 4219 MEDBURY DR
City-St-Zip: WESLEY CHAPEL, FL 33543 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MALIN SAMUELSSON P 02/07/2008

Electronic Signature of Signing Officer or Director — Date