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**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90224 037 \*\*\*\*61.25

0043125

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N93000000412**

1. Corporation Name

**SWEDISH WOMEN'S EDUCATIONAL ASSOCIATION INTERNAT  
 IONAL, INC., SOUTH FLORIDA CHAPTER**

Principal Place of Business

1420 OCEAN WAY  
 S250  
 JUPITER FL 33477  
 US

Mailing Address

21659 ABINGTON CT  
 BOCA RATON FL 33428  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/01/1993

4. FEI Number

65-0413919

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

**BEG, VERONICA**  
~~21659 ABINGTON CT ABINGTON~~  
**BOCA RATON FL 33428**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **PD**  
**BEG, VERONICA**  
 STREET ADDRESS **21659 ABINGTON CT**  
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE  DELETE

NAME **VPD**  
**DONNER, NAOMI**  
 STREET ADDRESS **2200 S. OCEAN BLVD., #601**  
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE  DELETE

NAME **S**  
**HALL, EVA**  
 STREET ADDRESS ~~267 NEPTUNE AVE~~  
**LAUDERDALE-BY-THE-SEA FL 33308**

TITLE  DELETE

NAME **TD**  
**GRAY, ULLA**  
 STREET ADDRESS **517 DOTTEREL RD, 30D**  
 CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

NAME **VPD**  
**ARMBRUST, MARGARETA A**  
 STREET ADDRESS **408 SE 8th Street**  
 CITY-ST-ZIP **Ft. Lauderdale, FL 33316**

3.1 TITLE  Change  Addition

NAME  
 STREET ADDRESS **4550 W. Tradewinds Ave.**  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99 (561)483-7662  
 Date Daytime Phone #

CR2E037 (11/98)