

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000412

FILED
Apr 13, 2009
Secretary of State

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

Current Principal Place of Business:

202 NW 12TH STREET
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

202 NW 12TH STREET
DELRAY BEACH, FL 33444 US

New Mailing Address:

FEI Number: 65-0413919 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BRYANT, ANN
202 NW 12TH STREET
DELRAY BEACH, FL 33444 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: VD () Delete
Name: ASKERLUND, LOTTA
Address: 2009 SE 10TH AVE #321
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: PD () Delete
Name: DECASTELLI, EVA
Address: 5181 NW 105 CT
City-St-Zip: DORAL, FL 33178

Title: SD () Delete
Name: PALSSON, MALIN
Address: 2500 E LAS OLAS BLVD #803
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: HELLSTEN, ASA
Address: 10501 NW 18 CT
City-St-Zip: PLANTATION, FL 33322

Title: TD () Delete
Name: BRYANT, ANN
Address: 202 NW 12TH STREET
City-St-Zip: DELRAY BEACH, FL 33444

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: ENGLUND, ERICA
Address: 799 SW 4TH AVE #4
City-St-Zip: BOCA RATON, FL 33432

Title: PD (X) Change () Addition
Name: READING, FILIPPA
Address: 5900 SW 18TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: SD (X) Change () Addition
Name: STENFELT, VICTORIA
Address: 561 LIVE OAK LANE
City-St-Zip: WESTON, FL 33327

Title: D (X) Change () Addition
Name: EDVALDSSON, LOTTA
Address: 6300 SW 7TH STREET
City-St-Zip: MARGATE, FL 33068

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

Title: D () Change (X) Addition
Name: VETELAINEN, PAIVI
Address: 444 BRICKELL AVE
City-St-Zip: MIAMI, FL 33131

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: ANN BRYANT

TD

04/13/2009

Electronic Signature of Signing Officer or Director

Date