

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214517936
1.) CORPORATION NAME: Founder's Bridge Swim Team, Inc.		DUE DATE: 4/30/2014
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: SARAH GABRIELSON 2413 FOUNDERS BRIDGE RD MIDLOTHIAN, VA		SCC ID NO: 06144430
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY		5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA		
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 2843 Founders Bridge Rd CITY/ST/ZIP: MIDLOTHIAN, VA 23113		
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.		
NAME: GARY RUZICH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: TREASURER		
ADDRESS: 2843 FOUNDERS BRIDGE ROAD		
CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113		
NAME: SARAH GABRIELSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: DIRECTOR		
ADDRESS: 2413 FOUNDERS BRIDGE RD		
CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113		
NAME: LYNNE SULLIVAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: Parent Rep.		
ADDRESS: 16025 PINE VALE PL		
CITY/ST/ZIP/CO: MIDLOTHIAN, VA 33113		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ SARAH GABRIELSON	SARAH GABRIELSON, DIRECTOR	4/3/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		