2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90072 030 ****61.25

DOCUMENT # 763371

1. Entity Name
AMERICAN-FINNISH TOURIST CLUB, INC.

Principal Place of Business
AMERICAN -FINNISH TOURIST CLUB, INC
LANTANA, FL 33462

Mailing Address
301 W. CENTRAL BLVD
LANTANA, FL 33462

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

04152008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-0689982

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAURILA, MAUNO
106 HALF MOON CIRCLE B2
HYPO LUXO, FL 33462

7. Name and Address of New Registered Agent

Name TAPIO K. SALIN

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

177 EXECUTIVE CIR

City BOYNTON BEACH **FL** Zip Code 33436

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 Tapio Salin, PRESIDENT TAPIO SALIN 4.15.08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	TAPIO, SALIN	
STREET ADDRESS	177 EXECUTIVE CIR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	T	☒ Delete
NAME	SIRKKA, LEHTONEN	
STREET ADDRESS	800 N FEDERAL HWY	
CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	TD	☒ Delete
NAME	VETTENRANTA, HEIKKI	
STREET ADDRESS	7020 HALF MOON CIR APT 309	
CITY-ST-ZIP	LAKE WORTH, FL 33462	
TITLE	T	☐ Delete
NAME	MAIJA-LIISA, OTVAS	
STREET ADDRESS	2840 L OSBORNE DR APT 106	
CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	D	☐ Delete
NAME	TAMMI, HELVI	
STREET ADDRESS	157 ATLANTIS BLVD APT 308	
CITY-ST-ZIP	LAKE WORTH, FL 33462	
TITLE	S	☒ Delete
NAME	LAAJA, TAPANI	
STREET ADDRESS	720 S PALMWAY	
CITY-ST-ZIP	LAKE WORTH, FL 33461	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	MAITI HEINO	
STREET ADDRESS	2615 S. GARDEN DR, APT 208	
CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	T	☐ Change ☒ Addition
NAME	VETTENRANTA, HEIKKI	
STREET ADDRESS	7020 HALF MOON CIR, APT 309	
CITY-ST-ZIP	LAKE WORTH, FL 33462	
TITLE	S	☐ Change ☒ Addition
NAME	HARDKVIST, LAANA	
STREET ADDRESS	121 B STREET	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	☐ Change ☒ Addition
NAME	LAAJA, TAPANI	
STREET ADDRESS	720 S. PALM WAY	
CITY-ST-ZIP	LAKE WORTH, FL 33461	

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: Tapio K. Salin TAPIO K. SALIN 4.15.08 561-369-0417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #