

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90038 006 ****61.25



DOCUMENT # N01000002383
1. Entity Name
THE KARELIANS OF FINLAND HOUSE, INC.

Principal Place of Business Mailing Address
C/O AMERICAN-FINNISH TOURIST CLUB C/O AMERICAN-FINNISH TOURIST CLUB
301 CENTRAL BLVD 301 CENTRAL BLVD
LANTANA FL 33462 LANTANA FL 33462



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-1155073 Not Applicable

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

6. Name and Address of Current Registered Agent
SCHOLION, CHRISTIAN
505 FLAGLER DR, STE 400
W PALM BEACH FL 33401

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW - FEE IS \$61.25
Due By May 1, 2005

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	T	<input type="checkbox"/> Delete
NAME	HELVI, AMPUJA	
STREET ADDRESS	1473 COCHRAN DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	D	<input type="checkbox"/> Delete
NAME	TASKINEN, OSMO	
STREET ADDRESS	2840 LAKE OSBORNE DR, 15-106	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, KERTTU	
STREET ADDRESS	1331 FLAMINGO DR.	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BJORKUDD, MARIA	
STREET ADDRESS	301 CROTON AVE.	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	P	<input type="checkbox"/> Delete
NAME	PORSTI, PAULI	
STREET ADDRESS	8143 AMBACH WAY	
CITY-ST-ZIP	HYPOLUXO FL 33462	
TITLE	S	<input type="checkbox"/> Delete
NAME	PROSTI, IRMA	
STREET ADDRESS	8143 AMBACH WAY	
CITY-ST-ZIP	HYPOLUXO FL 33462	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nuppola, Tellervo	
STREET ADDRESS	3500 S. Ocean Blvd. Apt. 503	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Haverinen, Sulo	
STREET ADDRESS	606 South C. St. apt. 203	
CITY-ST-ZIP	Lake Worth, FL 33460	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	HYPOLUXO FL 33462	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Porsti, Irma	
STREET ADDRESS	8143 Ambach Way.	
CITY-ST-ZIP	Hypoluxo FL 33462	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Helvi Ampuja* **Helvi Ampuja** 3-22-05 561-582-4205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #