

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761834

**Entity Name:** THE NORWEGIAN AMERICAN CHAMBER OF COMMERCE  
SOUTH EAST CHAPTER, INC.**Current Principal Place of Business:**2950 S. FLAMINGO ROAD  
DAVIE, FL 33330-1308**Current Mailing Address:**2950 S. FLAMINGO ROAD  
DAVIE, FL 33330-1308 US**FEI Number: 42-1757267****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**EIKELAND, BJORG  
2950 S. FLAMINGO ROAD  
DAVIE, FL 33330-1308 US*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: BJORG EIKELAND****03/21/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            EIKELAND, BJORG  
Address        2950 S. FLAMINGO ROAD  
City-State-Zip: DAVIE FL 33330-1308

Title            DIRECTOR  
Name            JAKOBSEN, BEATE  
Address        2950 S. FLAMINGO ROAD  
City-State-Zip: DAVIE FL 33330-1308

Title            VP, TREASURER  
Name            NOWAK, BETTINA  
Address        2950 S. FLAMINGO ROAD  
City-State-Zip: DAVIE FL 33330-1308

Title            VP, SECRETARY  
Name            MEIDEL, ANN-MARI  
Address        2950 S. FLAMINGO ROAD  
City-State-Zip: DAVIE FL 33330-1308

Title            DIRECTOR  
Name            GRIFFIN, LEIF  
Address        2950 S. FLAMINGO ROAD  
City-State-Zip: DAVIE FL 33330-1308

Title            DIRECTOR  
Name            BLIX, KRISTIN  
Address        2950 S. FLAMINGO ROAD  
City-State-Zip: DAVIE FL 33330-1308

Title            DIRECTOR  
Name            ALBELO, EDDIE  
Address        2950 S. FLAMINGO ROAD  
City-State-Zip: DAVIE FL 33330-1380

Title            DIRECTOR  
Name            AASEN, ANDERS  
Address        2950 S. FLAMINGO ROAD  
City-State-Zip: DAVIE FL 33330-1308

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*I hereby 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 all other like empowered.*

**SIGNATURE: BJORG EIKELAND****PRESIDENT****03/21/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	BILLING, LISE
Address	2950 S. FLAMINGO ROAD
City-State-Zip:	DAVIE FL 33330-1308