

2021 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:** No**Name and Address of Current Registered Agent:**STAALSTROM, CHRISTINA
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:** CHRISTINA STAALSTROM

03/16/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title VP
Name SOLUM, JAN
Address 2950 S. FLAMINGO ROAD
City-State-Zip: DAVIE FL 33330-1308

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

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

Title SECRETARY
Name DAHL, KAREN
Address 2950 S. FLAMINGO ROAD
City-State-Zip: DAVIE FL 33330-1308

Title DIRECTOR
Name FAESTER, PRISCILA
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: CHRISTINA STAALSTROM**MANAGER**

03/16/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title OTHER, MANAGER
Name STAALSTROM, CHRISTINA
Address 2950 S. FLAMINGO ROAD
City-State-Zip: DAVIE FL 33330-1308