

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **718756** (0)

1. Corporation Name

**FINNISH WAR VETERANS IN FLORIDA, INC.**



Principal Place of Business <b>30 SOUTH PALMWAY 30 SOUTH PALMWAY LAKE WORTH FL 33460 US</b>		Mailing Address <b>P.O. BOX 83 LAKE WORTH FL 33460 US</b>	3. Date Incorporated or Qualified <b>06/25/1970</b>
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	4. FEI Number <b>59-2365991</b> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FORSS, ROY 30 SOUTH PALMWAY LAKE WORTH FL 33460</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>CARLSON, Leo</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>2769 So. Garden Dr., Apt. 310</b> <b>83 City</b> <b>Lake Worth</b> <b>FL</b> <b>85 Zip Code</b> <b>33461</b>	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Leo Carlson, P/D** **March 4th 1998**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KESKITALO, LIISA</b>	1.2 NAME	
STREET ADDRESS	<b>1238 LACOSTA CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LANTANA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORSS, ROY</b>	2.2 NAME	<b>CARLSON, Leo</b>
STREET ADDRESS	<b>30 SOUTH PALMWAY</b>	2.3 STREET ADDRESS	<b>2769 So. Garden Dr., Apt. 310</b>
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	2.4 CITY-ST-ZIP	<b>Lake Worth, FL 33461</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MINNA, VILEN</b>	3.2 NAME	
STREET ADDRESS	<b>411 NORTH STREET</b>	3.3 STREET ADDRESS	<b>411 North "B" Street</b>
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	3.4 CITY-ST-ZIP	<b>Lake Worth, FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEISIO, REINO</b>	4.2 NAME	
STREET ADDRESS	<b>1341 FLAMINGO DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LANTANA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KORBY, ERKKI</b>	5.2 NAME	
STREET ADDRESS	<b>898 NORTH FEDERAL HWY. #427</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LANTANA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUKKARI, PAAVO</b>	6.2 NAME	
STREET ADDRESS	<b>WYNNDAL WAY</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LANTANA FL</b>	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Leo Carlson** **March 4, 1998** **968-7824**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)