

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

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90025 013 ****61.25

DOCUMENT # 718756

1. Entity Name

FINNISH WAR VETERANS IN FLORIDA, INC.



Principal Place of Business

FINLAND HOUSE
301 W CENTRAL BLVD
LANTANA FL 33462
US

Mailing Address

P.O. BOX 83
LAKE WORTH FL 33460
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HAMLIN, BERT M
2562 N GARDEN DR BLDG 7 #204
LAKE WORTH FL 33461

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D	<input checked="" type="checkbox"/> Delete
NAME	PIRAINEN, BRITTA	
STREET ADDRESS	3500 S. OCEAN BLVD., APT. 409	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAMLIN, BERT M	
STREET ADDRESS	2562 N GARDEN DR BLDG 7 #204	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEISIO, ELISE	
STREET ADDRESS	1341 FLAMINGO DR	
CITY-ST-ZIP	LANTANA FL 33462-1403	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEISIO, REINO	
STREET ADDRESS	1341 FLAMINGO DR	
CITY-ST-ZIP	LANTANA FL 33462-1403	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PIRAINEN, RAINER	
STREET ADDRESS	3500 S. OCEAN BLVD., APT. 409	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOKELA, KAUKO	
STREET ADDRESS	3322 CYNTHIA LANE, BLDG. 21, APT. 209	
CITY-ST-ZIP	LAKE WORTH FL 33461	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURSKAINEN, Paula	
STREET ADDRESS	2687 N. Garden Drive	
CITY-ST-ZIP	Lake Worth, FL 33461	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NISKANEN, Antti	
STREET ADDRESS	822 B. Salem Lane	
CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Bert M. Hamlin BERT M. HAMLIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 14, 2005 (561) 641-5321
Date Daytime Phone #