

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90018 045 ****70.00

DOCUMENT # 758553

1. Entity Name

AMERICAN-FINNISH NORDIC CLUB, INC.



Principal Place of Business

KARHU, ANNELI O.
2102 WATERVIEW CIRCLE
PALM SPGS. FL 33461
US

Mailing Address

KARHU, ANNELI O.
2102 WATERVIEW CIRCLE
PALM SPGS. FL 33461
US

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

59-2196045

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARHU, ANNELI O.
2102 WATERVIEW CIRCLE
PALM SPGS. FL 33461

Name KARHU, ANNELI O.

Street Address (P.O. Box Number is Not Acceptable)

City

same

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

Anneli Karhu

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, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME VENETJOK-KARTTUNEN, PIIRKKO ☐ Delete
STREET ADDRESS 1024 S PALMWAY
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE ☐ Change ☒ Addition
NAME *157 Atlantis Blvd #201*
STREET ADDRESS *Lake Worth, FL 33462-1167*
CITY-ST-ZIP

TITLE VD
NAME VEKKAKANGAS, ERKKI ☐ Delete
STREET ADDRESS 7317 W OAKRIDGE CIRCLE
CITY-ST-ZIP LANTANA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME KARHU, ANNELI O. ☐ Delete
STREET ADDRESS 2102 WATERVIEW CIRCLE
CITY-ST-ZIP PALM SPGS. FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME NORPPA, NILO ☐ Delete
STREET ADDRESS 7319 W. OAKRIDGE CIRCLE
CITY-ST-ZIP LANTANA FL

TITLE ☐ Change ☒ Addition
NAME *7020 Half Moon circle*
STREET ADDRESS *Hypoluxo, FL 33462*
CITY-ST-ZIP

TITLE MD
NAME KLING, BERTHA ☐ Delete
STREET ADDRESS 7234 OAKRIDGE CIRCLE
CITY-ST-ZIP LANTANA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME KYLLIKKI, LEHTONEN ☐ Delete
STREET ADDRESS 17 MAYFAIR LANE BOYNTON LAKES
CITY-ST-ZIP LANTANA FL

TITLE ☒ Change ☐ Addition
NAME *D Yvanvik Hanna*
STREET ADDRESS *2750 Mayfair Ln.*
CITY-ST-ZIP *Boynton Beach, FL 33426*

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:

Anneli O. Karhu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr 1st - 04 (561) 968-1822