


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90172 040 ****70.00

DOCUMENT # 758553 1. Entity Name AMERICAN-FINNISH NORDIC CLUB, INC.	
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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
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DO NOT WRITE IN THIS SPACE



04152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2196045	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VENETJOK-KARTTUNEN, PIRKKO 157 ATLANTIS BLVD., #201 LAKE WORTH, FL 334621167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VEHKAKANGAS, ERKKI 7317 W OAKRIDGE CIRCLE LANTANA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KARHU, ANNELI O. 2102 WATERVIEW CIRCLE PALM SPGS., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NORPPA, NIILLO 7020 HALF MOON CIR. HYPOLUXO, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD KLEING, BERTHA <i>TERVAKOSKI, ARLENE</i> 3344 OAKRIDGE CIRCLE <i>890 N. FEDERAL</i> LANTANA, FL <i>33462</i> <i>HYW.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMA, GRANVICK <i>HENNA GRANVICK</i> 27 MAYFAIR LANE BOYNTON BEACH, FL 33426

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IN THIS SPACE**

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* **ANNELI O. KARHU** 4-21-05 (561) 968-1822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #