

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90094 036 ****70.00

DOCUMENT # 758553 1. Entity Name AMERICAN-FINNISH NORDIC CLUB, INC.					
Principal Place of Business FINLAND HOUSE 301 W. CENTRAL BLVD LANTANA, FL 33462 US			Mailing Address 106 HALF MOON CIRCLE B2 HYPOLUXO, FL 33462 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2196045	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAURILA, ANJA 106 HALF MOON CIRCLE HYPOLUXO, FL 33462				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>Anja Laurila</u> ANJA LAURILA <u>3/10-07.</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VENETJOKI-KARTTUNEN, PIRKKO		NAME		
STREET ADDRESS	157 ATLANTIS BLVD., #201		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 334621167		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VETTENRANTA, HEIKKI		NAME	V.D. MAUNO LAURILA	
STREET ADDRESS	7020 HALF MOON CIRCLE		STREET ADDRESS	106 HALF MOON CIR. B2	
CITY-ST-ZIP	HYPOLUXO, FL 33462		CITY-ST-ZIP	HYPOLUXO, FL 33462	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAURILA, ANJA		NAME		
STREET ADDRESS	106 HALF MOON CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	HYPOLUXO, FL 33462		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORPPA, NILO		NAME	Arlene Tervakoski	
STREET ADDRESS	7020 HALF MOON CIR		STREET ADDRESS	890 N. Federal Hwy #301	
CITY-ST-ZIP	HYPOLUXO, FL 33462		CITY-ST-ZIP	Lantana, FL 33462	
TITLE	MD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TERVAKOSKI, ARLENE		NAME	Aimo Tervakoski	
STREET ADDRESS	890 N. FEDERAL HWY		STREET ADDRESS	890 N. Federal Hwy #301	
CITY-ST-ZIP	LAKE WORTH, FL 33462		CITY-ST-ZIP	Lantana, FL 33462	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRANVIK, HENNA		NAME		
STREET ADDRESS	27 MAYFAIR LANE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. PIRKKO VENETJOKI-KARTTUNEN					
SIGNATURE: <u>Pirkko Venetjoki-Karttunen</u> <u>3/10/07</u> <u>561-642-8507</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					