2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763371

FILED May 08, 2009 Secretary of State

Entity Name: AMERICAN-FINNISH TOURIST CLUB, INC.

	Principal Place of Business:	New Prince	cipal Place of Business:
	N -FINNISH TOURIST CLUB, INC A, FL 33462		
Current N	Mailing Address:	New Maili	ing Address:
	ENTRAL BLVD A, FL 33462		
n accordar	r: 59-0689982 FEI Number Applied For() FEI I nce with s. 607.193(2)(b), F.S., the corporation did not received d Address of Current Registered Agent:	-	()
SALIN, TA 177 EXEC BOYNTOI	APIO K CUTIVE CIR N BEACH, FL 33436 US	o of abanging	its registered office or registered egent, or bet
	e named entity submits this statement for the purpose e of Florida.	e or changing	its registered office of registered agent, or both
SIGNATU			
	Electronic Signature of Registered Agent		Date
OFFICER	S AND DIRECTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO
Fitle: Name: Address:	PD () Delete TAPIO, SALIN 177 EXECUTIVE CIR BOYNTON BEACH, FL 33436	Title: Name: Address: City-St-Zip:	() Change () Addition
Dity-St-∠ip:			
City-St-Zip: Fitle: Name: Address: City-St-Zip:	D () Delete MATTI, HEINO 2615 S GARDEN DR APT 208 LAKE WORTH, FL 33461	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: Dity-St-Zip: Title: Name: Address:	MATTI, HEINÒ 2615 S GARDEN DR APT 208	Name: Address:	() Change () Addition () Change () Addition
Γitle: Name: Nddress:	MATTI, HEINO 2615 S GARDEN DR APT 208 LAKE WORTH, FL 33461 T () Delete VETTENRANTA, HEIKKI 7020 HALF MOON CIR APT 309	Name: Address: City-St-Zip: Title: Name: Address:	
Title: lame: lame: city-St-Zip: Title: lame: lame: lame: lame: lame: lame: lame: lame: lame:	MATTI, HEINO 2615 S GARDEN DR APT 208 LAKE WORTH, FL 33461 T () Delete VETTENRANTA, HEIKKI 7020 HALF MOON CIR APT 309 LAKE WORTH, FL 33462 T () Delete MAIJA-LIISA, OTVAS 2840 L OSBORNE DR APT 106	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change()Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAPIO K. SALIN P 05/08/2009