


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

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90006 034 \*\*\*\*61.25

<b>DOCUMENT # N01000002383</b>			
1. Entity Name <b>THE KARELIANS OF FINLAND HOUSE, INC.</b>			
Principal Place of Business <b>C/O AMERICAN-FINNISH TOURIST CLUB 301 CENTRAL BLVD LANTANA FL 33462</b>		Mailing Address <b>C/O AMERICAN-FINNISH TOURIST CLUB 301 CENTRAL BLVD LANTANA FL 33462</b>	
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 <b>SCHOLION, CHRISTIAN 505 FLAGLER DR, STE 400 W PALM BEACH FL 33401</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HELVI, AMPUJA</b> <b>1473 COCHRAN DRIVE</b> <b>LAKE WORTH FL 33461</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TASKINEN, OSMO</b> <b>2840 LAKE OSBORNE DR, 15-106</b> <b>LAKE WORTH FL 33461</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SUOMINEN, PAAVO</b> <b>7030 HALF MOON CIR, APT 418</b> <b>HYPOLUXO FL 33462-5433</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D Johnson, Kerttu</b> <b>1331 Flamingo Dr.</b> <b>LANTANA, FL 33462</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FRONDELIUS, AIMO</b> <b>3160 LAKE OSBORNE DR, 6-111</b> <b>LAKE WORTH FL 33461</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D Bjorkudd, Maria</b> <b>301 Croton Ave.</b> <b>LANTANA, FL 33462</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>PORSTI, PAULI</b> <b>8143 AMBACH WAY</b> <b>HYPOLUKO FL 33462</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>JOKINEN, EILA</b> <b>319 SOUTH B ST, APT 2</b> <b>LAKE WORTH FL 33460</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S</b> <b>Porsti, Irma</b> <b>8143 Ambach Way</b> <b>Hypoluxo, FL 33462</b>
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.			
<b>SIGNATURE:</b> <i>Pauli Porsti</i> (PAULI PORSTI) President		Date: <b>03 07 04</b> Daytime Phone #: <b>561-588-6940</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	