

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90145 016 ****61.25

DOCUMENT # N01000002383



1. Entity Name
THE KARELIANS OF FINLAND HOUSE, INC.

Principal Place of Business
**C/O AMERICAN-FINNISH TOURIST CLUB
301 CENTRAL BLVD
LANTANA FL 33462**

Mailing Address
**C/O AMERICAN-FINNISH TOURIST CLUB
301 CENTRAL BLVD
LANTANA FL 33462**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1155073		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
SCHOLION, CHRISTIAN 505 FLAGLER DR, STE 400 W PALM BEACH FL 33401				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW: FEE IS \$61.25	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HELVI, AMPUJA			NAME			
STREET ADDRESS	1473 COCHRAN DRIVE			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL 33461			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TASKINEN, OSMO			NAME			
STREET ADDRESS	2840 LAKE OSBORNE DR, 15-106			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL 33461			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUOMINEN, PAAVO			NAME			
STREET ADDRESS	7030 HALF MOON CIR, APT 418			STREET ADDRESS			
CITY-ST-ZIP	HYPOLUXO FL 33462-5433			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRONDELIUS, AIMO			NAME			
STREET ADDRESS	3160 LAKE OSBORNE DR, 6-111			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL 33461			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PORSTI, PAULI			NAME			
STREET ADDRESS	8143 AMBACH WAY			STREET ADDRESS			
CITY-ST-ZIP	HYPOLUKO FL 33462			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOKINEN, EILA			NAME			
STREET ADDRESS	319 SOUTH B ST, APT 2			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL 33460			CITY-ST-ZIP			

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: **SIGNATURE REQUIRED** *[Signature]* 01/29/03

CR2E037 (10/02)