2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 20, 2006 8:00 am Secretary of State DOCUMENT # N01000003420 04-20-2006 90192 036 ****61.25 THE NORDIC HERITAGE SOCIETY OF SOUTH FLORIDA, Principal Place of Business Mailing Address 3160 LAKE OSBORNE DR. 3160 LAKE OSBORNE DR. LAKE WORTH FL 33461 LAKE WORTH FL 33461 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 65-1155040 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AALTONEN, AARNE A Street Address (P.O. Box Number is Not Acceptable) 3160 LAKE OSBORNE DR. LAKE WORTH FL 33461 Zip Code FL 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 little if applicable (NOTE: Registered Agert signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD Delete TITLE ■ Addition WESTERBACK, SONYA NAME NAME 3570 S. OCEAN BLVD. #712 STREET ADDRESS STREET ADDRESS SOUTH PALM BEACH FL 33480 CITY-ST-ZIP CITY-ST-ZIP MENDOZA, INGRID DO Delete பாட **SD** TITLE SUOMU, MIRIAM NAME 3570 S OCEAN BLVD., #907 STREET ADDRESS STREET ADDRESS BOYNTON BEACH, FL 33436 PALM BEACH FL 33480 CITY-ST-ZIP CITY-ST-ZIP TD __ _ Delete_ NAME NYMAN, DORIS NAME STREET ADDRESS 411 PINE GLEN LANE STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33463 CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME AALTONEN, AARNE A NAME STREET ADDRESS 3160 LAKE OSBORNE DR. STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33461 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

AARNEA AALTONEN MARCH 11-06 561-582-908, SIGNATURE:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.