

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90451 029 ****61.25

DOCUMENT # N01000003420

1. Entity Name
**THE NORDIC HERITAGE SOCIETY OF SOUTH FLORIDA,
INC.**



Principal Place of Business
**3160 LAKE OSBORNE DR.
110
LAKE WORTH, FL 33461**

Mailing Address
**3160 LAKE OSBORNE DR.
110
LAKE WORTH, FL 33461**

40001100



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

04232007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1155040

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AALTONEN, AARNE A
3160 LAKE OSBORNE DR.
LAKE WORTH, FL 33461**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WESTERBACK, SONYA ☐ Delete
STREET ADDRESS 3570 S. OCEAN BLVD. #712
CITY-ST-ZIP SOUTH PALM BEACH, FL 33480

TITLE SD
NAME MENDOZA, INGRID ☐ Delete
STREET ADDRESS 2637 SW CRAN BROOK CT
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE TD
NAME NYMAN, DORIS ☐ Delete
STREET ADDRESS 411 PINE GLEN LANE
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE D
NAME AALTONEN, AARNE A ☐ Delete
STREET ADDRESS 3160 LAKE OSBORNE DR.
CITY-ST-ZIP LAKE WORTH, FL 33461

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Change ☐ Addition
NAME HOLMSTROM, PHYLLIS
STREET ADDRESS 1011 S. D STREET
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: *Aarne A. Aaltonen* **AARNE A. AALTONEN** 4/25-07 (561) 582-9981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #