

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

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**



03012008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**AALTONEN, AARNE A
3160 LAKE OSBORNE DR.
APT 110
LAKE WORTH, FL 33461**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000937711
05/27/08-80061-013 61.25

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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** 4/4-08 661-582-9981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #