

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004246

FILED
Jan 26, 2009
Secretary of State

Entity Name: FINNISH MALE SINGERS OF NORTH AMERICA, INC.

Current Principal Place of Business:

2880 LAKE OSBORN DR.
#201
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

2880 LAKE OSBORN DR.
#201
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 74-3142723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAKOLA, ROBERT
2880 LAKE OSBORN DR.
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

JAKOLA, ROBERT W
2880 LAKE OSBORN DR.
LAKE WORTH, FL 33461 US

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.

SIGNATURE: ROBERT W. JAKOLA

01/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: KOISTINEN, PENTTI
Address: 804 E WINDWARD WAY 403
City-St-Zip: LAKE WORTH, FL 33462

Title: S () Delete
Name: PERTTU, HEIKKI
Address: 2616 N. GARDEN DR. #206
City-St-Zip: LAKE WORTH, FL 33461

Title: D () Delete
Name: NYHOLM, HANS
Address: 1127 S. FEDERAL HWY, APT 201
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: JAKOLA, ROBERT
Address: 2880 LAKE OSBORN DR.
City-St-Zip: LAKE WORTH, FL 33461

Title: P (X) Delete
Name: PELLINEN, JEAN W
Address: 526 FORESTVIEW DR
City-St-Zip: LAKE WORTH, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALBRECHT, ALLAN
Address: 418 NORTHERN AVE.
City-St-Zip: THUNDER BAY, ON P7C2V6 CA

Title: S (X) Change () Addition
Name: HAUTALA, ERIC
Address: 215 POPLAR AVE.
City-St-Zip: THUNDER BAY, ON P7B 1W1 CA

Title: D (X) Change () Addition
Name: PELLINEN, JEAN W
Address: 526 FORESTVIEW DR.
City-St-Zip: LAKE WORTH, FL 33462 US

Title: D (X) Change () Addition
Name: JAKOLA, ROBERT W
Address: 2880 LAKE OSBORN DR.
City-St-Zip: LAKE WORTH, FL 33461 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. JAKOLA

D

01/26/2009

Electronic Signature of Signing Officer or Director

Date