

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004643

FILED
Apr 04, 2009
Secretary of State

Entity Name: FINNISH WAR VETERANS IN AMERICA, INC.

Current Principal Place of Business:

301 FINLANDIA BLVD
LANTANA, FL 33462

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 83
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 77-0686274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NYHOLM, HANS O
1127 S FEDERAL HWY #201
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NYHOLM, HANS O
Address: 1127 S FEDERAL HWY #201
City-St-Zip: LAKE WORTH, FL 33460

Title: V () Delete
Name: HAMLIN, BERT
Address: 2724 N GARDEN DR #204
City-St-Zip: LAKE WORTH, FL 33461

Title: ST () Delete
Name: SILVAN, MIRJA
Address: 7824 COLONY LAKE DR
City-St-Zip: BOYNTON BEACH, FL 33436

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: SILVAN, MIRJA
Address: 7824 COLONY LAKE DR
City-St-Zip: BOYNTON BEACH, FL 33436

Title: T () Change (X) Addition
Name: PRABA, IRJA
Address: 2860 S OCEAN BLVD # 417
City-St-Zip: PALM BEACH, FL 33480

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: IRJA PRABA

T

04/04/2009

Electronic Signature of Signing Officer or Director

_____ Date