


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90061 015 ****61.25

DOCUMENT # N31157 1. Entity Name FRIENDS OF THE FINNISH AMERICAN REST HOME, INC.						
Principal Place of Business 1800 SOUTH DRIVE LAKE WORTH FL 33461 US			Mailing Address 1800 SOUTH DRIVE LAKE WORTH FL 33461 US			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 23-7281906		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
KIVISTO, JUSSI K. 1010 TENTH AVENUE NORTH LAKE WORTH FL				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make Check Payable to Florida Department of State						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAINE, HELJA			NAME		
STREET ADDRESS	6313 LANTANA PINES CIR			STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33462			CITY-ST-ZIP		
TITLE	DVP <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NIEMINEN, MARJATTA			NAME		
STREET ADDRESS	2724 N. GARDEN DR. #204			STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33461			CITY-ST-ZIP		
TITLE	DT <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRABA, IRJA			NAME		
STREET ADDRESS	2860 SOUTH OCEAN BLW			STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480			CITY-ST-ZIP		
TITLE	DS <input type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUUTTI, SILVA			NAME	<i>DS Salin, Anja</i>	
STREET ADDRESS	722 RIDGE DR			STREET ADDRESS	<i>177 Executive Cir.</i>	
CITY-ST-ZIP	LANATANA FL 33462			CITY-ST-ZIP	<i>Boynton Beach FL 33436</i>	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANSLIN, MARGIT			NAME		
STREET ADDRESS	2721 GARDEN DR			STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33461			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Helja Laine</i>				<i>02.03.05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		
				Daytime Phone #		