

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90126 045 \*\*\*\*70.00

**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

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**23-7281906**

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

**KIVISTO, JUSSI K.  
1010 TENTH AVENUE NORTH  
LAKE WORTH FL**

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Delete  
NAME **LAIN, HELJA**  
STREET ADDRESS **6313 LANTANA PINES CIR**  
CITY-ST-ZIP **LAKE WORTH FL 33462**

TITLE **DP** ☒ Change ☐ Addition  
NAME **Nyholm, Hans**  
STREET ADDRESS **11275 Federal Hwy 201**  
CITY-ST-ZIP **Lake Worth FL 33460**

TITLE **DVP** ☒ Delete  
NAME **NIEMINEN, MARJATTA**  
STREET ADDRESS **2724 N. GARDEN DR. #204**  
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **DVP** ☒ Change ☐ Addition  
NAME **Uimonen, Hilke**  
STREET ADDRESS **2616 N. Garden Dr. #107**  
CITY-ST-ZIP **Lake Worth FL 33461**

TITLE **DT** ☐ Delete  
NAME **PRABA, IRJA**  
STREET ADDRESS **2860 SOUTH OCEAN BLW**  
CITY-ST-ZIP **PALM BEACH FL 33480**

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

TITLE **DS** ☒ Delete  
NAME **SALIN, ANJA**  
STREET ADDRESS **177 EXECUTIVE CIR**  
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **DS** ☒ Change ☐ Addition  
NAME **Rantala, Heli**  
STREET ADDRESS **412 S. Palmway #4**  
CITY-ST-ZIP **Lake Worth FL 33460**

TITLE **D** ☒ Delete  
NAME **HANSLIN, MARGIT**  
STREET ADDRESS **2721 GARDEN DR**  
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **D** ☒ Change ☐ Addition  
NAME **Palokas, Emmeli**  
STREET ADDRESS **11025 Oakridge Cir.**  
CITY-ST-ZIP **Lantana FL 33462**

TITLE ☐ Delete  
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 Section 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:** *Hans O. Nyholm*

**2.21.2006 561-6761922**