FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35131 (4)

1. Corporation Name
FINNISH WAR VETERANS SUPPORT FOUNDATION, INC.

Principal Place of Business	Mailing Address
463 GREYNOLDS CIRCLE LANTANA FL 33463-4565	468 GLENBROOK DRIVE ATLANTIS FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1989
3a. Date of Last Report: 08/01/1994
4. FEI Number: 65-0175942 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 ONE LAKE AVENUE
22 Suite, Apt. #, etc.
23 City & State: LAKE WORTH, FLORIDA
24 Zip: 33460
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

VIC SARGON
468 GLENBROOK DRIVE.
ATLANTIS FL 33462

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE		☐ Change ☐ Addition
NAME	KOTKAVUORI, JAAKKO	1.2 NAME		
STREET ADDRESS	3949 MELALEUCA LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	KAITILA, HEIMO	2.2 NAME	AHO, JOHN	
STREET ADDRESS	390 N FEDERAL HWY	2.3 STREET ADDRESS	126 SOUTH 12TH AVENUE	
CITY-ST-ZIP	LANTANA FL	2.4 CITY-ST-ZIP	LANTANA, FLORIDA	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	SAHARI, VAINO	3.2 NAME		
STREET ADDRESS	5917 VIA VERMILYA NO. 405	3.3 STREET ADDRESS		
CITY-ST-ZIP	LANTANA FL 33462	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	PARVIAINEN, ERKKI	4.2 NAME	KIISKI, VILHO	
STREET ADDRESS	1502 SOUTH LAKE DRIVE	4.3 STREET ADDRESS	1312 SOUTH N STREET	
CITY-ST-ZIP	LAKE WORTH FL 33460	4.4 CITY-ST-ZIP	LAKE WORTH, FLORIDA	
TITLE	PD	5.1 TITLE		☐ Change ☐ Addition
NAME	AALTONEN, AARNE	5.2 NAME		
STREET ADDRESS	1415 LAKEVIEW DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33461	5.4 CITY-ST-ZIP		
TITLE	VD	6.1 TITLE	SD	☒ Change ☐ Addition
NAME	LEMMETTY, MATTI	6.2 NAME	RISSANEN, MIRJA	
STREET ADDRESS	1 N. GOLFVIEW DRIVE	6.3 STREET ADDRESS	1712 HIGH RIDGE RD	
CITY-ST-ZIP	LAKE WORTH FL 33460	6.4 CITY-ST-ZIP	LAKE WORTH, FLORIDA	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vic Sargon VIC SARGON 04/25/95 407-642-1619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000036