## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # N35131 (4)

## FINNISH WAR VETERANS SUPPORT FOUNDATION, INC.

| Principal Place of Business                 | Mailing Address                               |  |  |  |
|---|---|--|--|--|
| ONE LAKE AVENUE<br>AKE WORTH FL 33460<br>IS | 468 GLENBROOK DRIVE<br>ATLANTIS FL 33462-1018 |  |  |  |

## **FILED** Apr 08 1997 8:00am Secretary of State



3a. Date of Last Report 04/19/1996

3. Date Incorporated or Qualified 11/07/1989

| 2. Principal P  | 2. Principal Place of Business                       |                          | 2a. Mailing Address |               |   |                                  | 4. FEI Number                            |                                 | - At            | plied For    |  |
|---|--|--------------------------|---------------------|---------------|---|----------------------------------|--|---------------------------------|-----------------|--------------|--|
| 21 908 B LEHTO LANE   |  | 26                       |                     |               |   | 65-0175942                       |  | No                              | t Applicable    |              |  |
| Suite, Apt.   | ļ,   | Suite, Apt. #, etc.      |                     |               |   | 5. Certificate of Status Desired | П  | \$8.75                          |                 |              |  |
| 22 27   |  |                          |                     |               |   |                                  |  |                                 | Fee Re          | quired       |  |
| City & State  |  |                          |                     |               |   | 6. Election Campaign Financing   | _  | \$5.00                          |                 |              |  |
| 23 LAKE WORTH, FLORIDA 28   |  |                          | 0                   |               |   | Trust Fund Contribution          |  | Added                           |                 |              |  |
| Zip   | Country  | Zip                      |                     | Countr        | У   |                                  | 8. This corporation has tiability for it | ntangible ta<br>] Yes <b>IX</b> |                 | 199.032,     |  |
| 24   33461   25   29   30   |  |                          |                     |               |   |                                  | 10. Name and Address of New Rei          |                                 |                 |              |  |
| a, tumbula tuanoo on tumbula tuanoo a tugan   |  |                          |                     |               | l Nan   | 16                               | 10. Name and Address of their flo        | Biotoroa rig                    |                 |              |  |
| VIC SARGON  |  |                          |                     |               |   |                                  |  |                                 |                 |              |  |
| 488 GLENBROOK DRIVE.<br>ATLANTIS FL 33462   |  |                          |                     | 82            | 82 Street Address (P.O. Box Number is Not Acceptable) |                                  |  |                                 |                 |              |  |
|   |  |                          |                     | 83            | 83  |                                  |  |                                 |                 |              |  |
|   |  |                          |                     | _             |   |                                  |  |                                 | ·····           |              |  |
|   |  |                          |                     | 84            | City  |                                  |  | FI.                             | <b>85</b> Zip ( | Code         |  |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the at  |  |                          |                     |               | ve-nam  | ed corpo                         | oration submits this statement for the p |                                 | hanging it      | s 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 617.0503, Florida Statutes.   |  |                          |                     |               |   |                                  |  |                                 |                 |              |  |
|   |  |                          |                     |               |   |                                  |  |                                 |                 |              |  |
| SIGNATURE   | Signature, typed or printed name of registered agent | and little if applicable | (NOTE               | Registered Ac | snoia Inoc  | ure required                     | d when reinstating)                      | DATE                            |                 |              |  |
| 12.   | OFFICERS AND   |                          |                     | 13.           |   |                                  | ADDITIONS/CHANGES TO OFFIC               | ERS AND D                       | DIRECTOR        | S IN 12      |  |
| TITLE   | TD   |                          | DELETE              | 1.1 TITLE     |   |                                  |  |                                 | Change          | Addition     |  |
| NAME  | KOTKAVUORI, JAAKKO                                   |                          |                     | 1.2 NAME      |   |                                  |  |                                 |                 |              |  |
| AA 44 AMEL AL WALON A 4 AMER  |  |                          | 1.3 STREE           | 1 ADDRES      | s [   |                                  |  |                                 | - 13            |              |  |
| CITY-ST-ZIP   | LAKE WORTH FL  |                          |                     | 1.4 C/TY-     | ST-7/P  | }                                |  |                                 |                 |              |  |
| TITLE   | D  |                          | DELETE              | 2.1 TITLE     |   |                                  |  |                                 | Change          | ☐ Addition   |  |
| NAME  | AHO, JOHN  |                          |                     | 2.2 NAME      |   | 1                                |  |                                 |                 |              |  |
| STREET ADDRESS  | 126 SOUTH 12TH AVENUE                                |                          |                     | 2.3 STREE     | T ADDRES  | s l                              |  |                                 |                 |              |  |
| CITY-ST-ZIP   | LANTANA FL   |                          |                     | 2.4 CITY-     | ST-ZIP  |                                  |  |                                 |                 |              |  |
| TITLE   | D  |                          | DELETE              | 3.1 TITLE     |   |                                  |  | Ϊ.                              | Change          | Addition     |  |
| NAME  | SAHARI, VAINO  |                          |                     | 3.2 NAME      |   |                                  |  |                                 |                 |              |  |
| STREET ADDRESS  | 5917 VIA VERMILYA NO. 405                            |                          |                     | 3.3 STREE     | T ADDRES  | s [                              | 10                                       |                                 |                 | Ţ            |  |
| CITY-ST-ZIP   | LANTANA FL 33462                                     |                          |                     | 3.4. CITY-    | ST-ZIP  |                                  |  |                                 |                 |              |  |
| TITLE   | D  | ĺ                        | DELETE              | 4.1 TITLE     |   |                                  |  | L                               | ] Change        | Addition (   |  |
| NAME  | KIISKI, VILHO  |                          |                     | 4. 2 NAME     |   |                                  |  |                                 |                 |              |  |
| STREET ADDRESS  | 1312 SOUTH N STREET                                  |                          |                     | 4.3 STREE     | T ADDRES  | s                                |  |                                 |                 | -            |  |
| CITY-ST-ZIP   | LAKE WORTH FL  |                          |                     | 4.4 C(TY-     | ST-ZIP  |                                  |  |                                 |                 |              |  |
| TITLE   | PD   | L                        | DELETE              | 5.1 TITLE     |   |                                  |  | L.                              | J Change        | ☐ Addition   |  |
| NAME  | AALTONEN, AARNE                                      |                          |                     | 5.2 NAME      |   |                                  |  |                                 |                 | ]            |  |
| STREET ADDRESS  | 1415 LAKEVIEW DRIVE                                  |                          |                     | 5.3 STREE     | T ADDRES  | s [                              |  |                                 |                 |              |  |
| CITY-ST-ZIP   | LAKE WORTH FL 33461                                  |                          | T me man            | 5.4 CITY-     | ST-ZIP  |                                  |  |                                 | 1 ~.            |              |  |
| TITLE   | SD   | L                        | DELETE              | 6.1 TITLE     |   |                                  |  | L.                              | J Change        | ☐ Addition   |  |
| NAME  | RISSANEN, MIRJA                                      |                          |                     | 6.2 NAME      |   | ]                                |  |                                 |                 | ]            |  |
| STREET ADDRESS  | 1712 HIGH RIDGE RD                                   |                          |                     | 6.3 STREE     |   | S                                |  |                                 |                 | 1            |  |
| CITY-ST-ZIP   | LAKE WORTH FL  | udels thin filling -4    | non not a self      | 6.4 CITY-1    | S1-71P  | l later d                        | in Cooting 110 D7(0)(i) Florida Cootin   | 16.44                           | autif . 11      | <u> </u>     |  |
| 14. I do 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 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 of 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, if on an attachment with an address. |  |                          |                     |               |   |                                  |  |                                 |                 |              |  |