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**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90046 038 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N35131**

1. Corporation Name

**FINNISH WAR VETERANS SUPPORT FOUNDATION, INC.**

Principal Place of Business

908 B LEMTO LANE  
LAKE WORTH FL 33461  
US

Mailing Address

468 GLENBROOK DRIVE  
ATLANTIS FL 33462



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

1415 LAKEVIEW DRIVE

27

Suite, Apt. #, etc.

28

LAKE WORTH, FLORIDA

29

Zip Country

33461-6047 USA

30

3. Date Incorporated or Qualified

11/07/1989

4. FEI Number

65-0175942

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

AARNE A. AALTONEN

82 Street Address (P.O. Box Number is Not Acceptable)

1415 LAKEVIEW DRIVE

83

84 City

LAKE WORTH

FL

85

Zip Code

33461-6047

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE AARNE A. AALTONEN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28 1999

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME AALTONEN, ROSE-MARIE

STREET ADDRESS 415 LAKEVIEW DRIVE

CITY-ST-ZIP LAKE WORTH FL 33461-6047

TITLE ☐ DELETE

NAME AHO, JOHN

STREET ADDRESS 126 SOUTH 12TH AVENUE

CITY-ST-ZIP LANTANA FL

TITLE ☐ DELETE

NAME UKKONEN, JAAKKO

STREET ADDRESS 2668 N GARDEN DRIVE NO 212

CITY-ST-ZIP LAKE WORTH FL 33461-2257

TITLE ☐ DELETE

NAME VASUMAKI, SYLVIA

STREET ADDRESS 200 S WATERWAY DRIVE NO 312

CITY-ST-ZIP LANTANA FL 33462-1821

TITLE ☐ DELETE

NAME AALTONEN, AARNE A.

STREET ADDRESS 1415 LAKEVIEW DRIVE

CITY-ST-ZIP LAKE WORTH FL 33461

TITLE ☒ DELETE

NAME SYLVAN, MIRJA

STREET ADDRESS 5681 SE LAMAY DRIVE

CITY-ST-ZIP STUART FL 34997

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

AARNE A. AALTONEN P. 4/28-99 561-582-9981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)