

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

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90118 032 \*\*\*\*61.25

<b>DOCUMENT # N35131</b>			
1. Entity Name <b>FINNISH WAR VETERANS SUPPORT FOUNDATION, INC.</b>			
Principal Place of Business <b>908 B LEHTO LANE LAKE WORTH FL 33461 US</b>		Mailing Address <b>3160 LAKES OSBORNE DR., APT 110 LAKE WORTH FL 33461-5941</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



20051410



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent <b>AALTONEN, AARNE' 1415 LAKEVIEW DRIVE LAKE WORTH FL 33461-6047</b>				7. Name and Address of New Registered Agent Name <b>AALTONEN, AARNE</b> Street Address (P.O. Box Number is Not Acceptable) <b>3160 LAKE OSBORNE DRIVE</b> City <b>LAKE WORTH</b> FL <b>33461-5941</b>	
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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, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>T SILVAN, MIRJA 7828 COLONY LAKE DR. BOUNTON BEACH FL 33463</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D UKKONEN, JAAKKO 2668 N GARDEN DRIVE NO 212 LAKE WORTH FL 33461-2257</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VAISANEN, IRMA 7100 THOMPSON DRIVE LANTANA FL 33462-1821</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD AALTONEN, AARNE A 3160 LAKES OSBORNE DR., APT 110 LAKE WORTH FL 33461-5941</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP JUVONEN, TOIVO A 1318 S. PALMWAY LAKE WORTH FL 33460</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAAJA, TAPANI 720 S PALMWAY LAKE WORTH FL 33460</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**AALTONEN, AARNE A.** 04/01/2005 582-9981