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3-28-95 # B-27228 XC

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:37

DOCUMENT # N42173 (7)

1. Corporation Name

KATRILLIT AMERICAN FINNISH FOLK DANCERS, INC.

Principal Place of Business	Mailing Address
6289 LEAR DR., #108 LANTANA FL 33462	6289 LEAR DR., #108 LANTANA FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/20/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ 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): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

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

9. Name and Address of Current Registered Agent

LEHTONEN, EINO
6289 LEAR DRIVE #108
LANTANA FL 33462

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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: Eino Lehtonen — EINO LEHTONEN (Signature, typed or printed name of registered agent and title if applicable) — (NOTE: Registered Agent signature required when reinstating) — DATE: 3/25/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LEHTONEN, EINO	12 NAME	
STREET ADDRESS	6289 LEAR DRIVE #108	13 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☑ Change ☐ Addition
NAME	RAJASAARI, ERKKI	22 NAME	VD RAIMO RUUSKA
STREET ADDRESS	4988 DAVIS RD.	23 STREET ADDRESS	1809 NO. PALMWAY
CITY-ST-ZIP	LAKE WORTH FL 33461	24 CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	SD	31 TITLE	☑ Change ☐ Addition
NAME	LEHTONEN, VIRPI	32 NAME	SD TERTTU SCOFIELD
STREET ADDRESS	6289 LEAR DRIVE #108	33 STREET ADDRESS	1404 SOUTH "E" STREET
CITY-ST-ZIP	LANTANA FL	34 CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	TP	41 TITLE	☐ Change ☐ Addition
NAME	VALTONEN, MARJOT	42 NAME	
STREET ADDRESS	3581 S. OCEAN BLVD. #2-C	43 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: A. Marjut Valtonen — 3/25/95 — (401) 585-8574

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

A. MARJUT VALTONEN