

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90074 012 \*\*\*\*61.25

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DOCUMENT # **N42173**

1. Corporation Name

**KATRILLIT AMERICAN FINNISH FOLK DANCERS, INC.**

Principal Place of Business

6289 LEAR DR., #108  
LANTANA FL 33462

Mailing Address

6289 LEAR DR., #108  
LANTANA FL 33462



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**02/20/1991**

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

9. Name and Address of Current Registered Agent

**LEHTONEN, EINO**  
**6289 LEAR DRIVE #108**  
**LANTANA FL 33462**

81 Name

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

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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 *Eino Lehtonen*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **LEHTONEN, EINO**  
STREET ADDRESS **6289 LEAR DRIVE #108**  
CITY-ST-ZIP **LANTANA FL**

TITLE **VD** ☐ DELETE  
NAME **RUUSKA, RAIMO**  
STREET ADDRESS **1809 NO. PALMWAY**  
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **SD** ☐ DELETE  
NAME **SCOFIELD, TERTTU**  
STREET ADDRESS **1809 NO PALMWAY**  
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **TP** ☐ DELETE  
NAME **RAJASAARI, TUULA**  
STREET ADDRESS **4988 DAVIS RD**  
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **VD** ☒ Change ☐ Addition  
2.2 NAME **RUUSKA, Raimo**  
2.3 STREET ADDRESS **2204 Lake Osborne Dr. #18**  
2.4 CITY-ST-ZIP **Lake Worth, FL 33461**

3.1 TITLE **SD** ☒ Change ☐ Addition  
3.2 NAME **Scofield, Terttu**  
3.3 STREET ADDRESS **2204 Lake Osborne Dr. #20**  
3.4 CITY-ST-ZIP **Lake Worth, FL 33461**

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: *TEATU SCOFIELD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-14-99 (561) 586-0241**

CR2E037 (11/98)