2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N42173

1. Entity 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

03062005 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 Eino Lehtonen 3/29/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. *Election Campaign Financing Trust Fund Contribution.* ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEHTONEN, EINO
STREET ADDRESS	6289 LEAR DRIVE #108
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	VD
NAME	LAHTI, TUULA
STREET ADDRESS	811 SW SOUTH RIVER DR., #203
CITY-ST-ZIP	STUART, FL 349973271
TITLE	SD
NAME	AARNIO, ELINA
STREET ADDRESS	2856 S. GARDEN DR, #202
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	TP
NAME	KUKKONEN, ERIKE
STREET ADDRESS	3280 CYNTHIA LANE BLDGE 20/210
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000282415
04/07/05-80070-022 61.25

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: Elina Aarnio 3/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #