

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003335

FILED  
May 21, 2007  
Secretary of State

Entity Name: KARELIANS OF FLORIDA, INC.

## Current Principal Place of Business:

MARJATTA NIEMINEN  
2724 N. GARDEN DRIVE # 204  
LAKE WORTH, FL 33461 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 3542  
LANTANA, FL 33465 US

## New Mailing Address:

FEI Number: 65-0226386 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

MARJATTA, NIEMINEN PRES  
PO 3542  
LANTANA, FL 33465 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NIEMINEN, MARJATTA  
Address: 2724 N. GARDEN DR # 204  
City-St-Zip: LAKE WORTH, FL 33461

Title: VP ( ) Delete  
Name: VALTONEN, HEIKKI  
Address: 7020 HALF MOON CIRCLE # 508  
City-St-Zip: HYPOLUXO, FL 33462

Title: SD ( ) Delete  
Name: DESIMONE, LEILA  
Address: 3931 CAROLINA DR  
City-St-Zip: LAKE WORTH, FL 33461

Title: T ( ) Delete  
Name: HILL, DAVID  
Address: 42 SALISBURY B  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D ( ) Delete  
Name: HAAPALA, EILA  
Address: 7020 HALF MOON CIRCLE  
City-St-Zip: HYPOLUXO, FL 33462

Title: D ( ) Delete  
Name: PALOKAS, SEPPO  
Address: 1102 S. OAKRIDGE CIR.  
City-St-Zip: LAKE WORTH, FL 33462

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID HILL

T

05/21/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date