

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 20 1998 8:00am
Secretary of State

DOCUMENT # N 97000000096
Corporation Name

FINNISH AMERICAN NEWSPAPER FOUNDATION, INC.

Principal Place of Business
1474 10th Avenue North
Lake Worth, FL 33462

Mailing Address
1474 10th Avenue North
Lake Worth, FL 33462

3. Date Incorporated or Qualified

01/08/97

4. FEI Number

65-0716313

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

Principal Place of Business
1784 N. Congress Ave.
Suite, Apt. #, etc.
City & State
West Palm Beach, FL
Zip
33409
Country
U.S.A.

2a. Mailing Address
1784 N. Congress Ave.
Suite, Apt. #, etc.
City & State
West Palm Beach, FL
Zip
33409
Country
U.S.A.

9. Name and Address of Current Registered Agent

SCHOLIN, CHRISTIAN N
605 SOUTH FLAGLER DR., STE. 1001
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
D	Kuutti, Tommi	3208 North 2nd Avenue	Lake Worth, FL 33460	<input type="checkbox"/>
D	Ranta, Peter	900 South US Highway 1, Ste. 400	Jupiter, FL 33477	<input type="checkbox"/>
D	Suominen, Paavo	7030 Half Moon Circle, Apt. 418	Hypoluxo, FL 33462	<input type="checkbox"/>
D	Viklund, Sakri	465 Greynolds Circle	Lantana, FL 33462	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
VP	Kuutti, Tommi	1784 North Congress Avenue	West Palm Beach, FL 33409	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	Change	Addition
T				<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	Change	Addition
P				<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	Change	Addition
S				<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	Change	Addition
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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***\$61.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

Tommi Kuutti, Vice President 561-712-1212

CR2E037 (10/97)