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**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90157 005 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N97000000096**

1. Corporation Name

**FINNISH AMERICAN NEWSPAPER FOUNDATION, INC.**

520137 - 90157 - 5

Principal Place of Business

1784 NORTH CONGRESS AVENUE  
WEST PALM BEACH FL 33409  
US

Mailing Address

1784 NORTH CONGRESS AVENUE  
WEST PALM BEACH FL 33409  
US



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

01/08/1997

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

9. Name and Address of Current Registered Agent

SCHOLIN, CHRISTIAN N  
505 SO FLAGLER DRIVE 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☐ DELETE

NAME KUUTTI, TOMMI  
STREET ADDRESS 1784 NORTH CONGRESS AVENUE  
CITY-ST-ZIP WEST PALM BEACH FL 33409

1.1 TITLE ☐ Change ☐ Addition

TITLE DT ☐ DELETE

NAME RANTA, PETER  
STREET ADDRESS 900 SOUTH US HIGHWAY 1 STE 400  
CITY-ST-ZIP JUPITER FL 33477

2.1 TITLE ☐ Change ☐ Addition

TITLE PD ☐ DELETE

NAME SUOMINEN, PAAVO  
STREET ADDRESS 7030 HALF MOON CIRCLE STE 418  
CITY-ST-ZIP HYPOLUXO FL 33462

3.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME VIKLUND, SAKRI  
STREET ADDRESS 465 GREYNOLDS CIRCLE  
CITY-ST-ZIP LANTANA FL 33462

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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, and all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/99

561-712-1212

CR2E037 (1/98)