

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761834

**FILED**  
**Apr 16, 2024**  
**Secretary of State**  
**3314274085CC**

**Entity Name:** THE NORWEGIAN AMERICAN CHAMBER OF COMMERCE  
SOUTH EAST CHAPTER, INC.

**Current Principal Place of Business:**

2950 S. FLAMINGO ROAD  
DAVIE, FL 33330-1308

**Current Mailing Address:**

2950 S. FLAMINGO ROAD  
DAVIE, FL 33330-1308 US

**FEI Number:** 42-1757267

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PRESTROENNING, CATHRINE  
2950 S. FLAMINGO ROAD  
DAVIE, FL 33330-1308 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:** CATHRINE PRESTROENNING

04/16/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name JAKOBSEN, BEATE  
Address 2950 S. FLAMINGO ROAD  
City-State-Zip: DAVIE FL 33330-1308

Title TREASURER  
Name NOWAK, BETTINA  
Address 2950 S. FLAMINGO ROAD  
City-State-Zip: DAVIE FL 33330-1308

Title PRESIDENT  
Name AASEN, ANDERS  
Address 2950 S. FLAMINGO ROAD  
City-State-Zip: DAVIE FL 33330-1308

Title VP  
Name SOLUM, JAN  
Address 2950 S. FLAMINGO ROAD  
City-State-Zip: DAVIE FL 33330-1308

Title DIRECTOR  
Name NOWAK, SIMONA  
Address 2950 S. FLAMINGO ROAD  
City-State-Zip: DAVIE FL 33330-1380

Title SECRETARY  
Name PRISCILA, FAESTER  
Address 2950 S. FLAMINGO ROAD  
City-State-Zip: DAVIE FL 33330-1308

Title DIRECTOR  
Name ALVAREZ, INES  
Address 2950 S. FLAMINGO ROAD  
City-State-Zip: DAVIE FL 33330-1308

Title OTHER, MANAGER  
Name STAALSTROM, CHRISTINA  
Address 2950 S. FLAMINGO ROAD  
City-State-Zip: DAVIE FL 33330-1308

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*I hereby 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 all other like empowered.*

**SIGNATURE:** BETTINA NOWAK

TREASURER

04/16/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title GM  
Name PRESTROENNING, CATHRINE  
Address 12567 NW 83RD CT  
City-State-Zip: PARKLAND FL 33076