

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 FEB 13 PM 1:31

**DOCUMENT # 703186 (7)**

1. Corporation Name  
**ALBIN POLASEK FOUNDATION INC.**

Principal Place of Business	Mailing Address
633 OSCEOLA AVENUE P.O. BOX 1691 WINTER PARK FL 32790	633 OSCEOLA AVENUE P.O. BOX 1691 WINTER PARK FL 32790

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/15/1961</b>	3a. Date of Last Report <b>01/24/1994</b>
4. FEI Number <b>59-1102352</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

**9. Name and Address of Current Registered Agent**

**HAINES, WEBBER B.  
250 PARK AVENUE SOUTH  
WINTER PARK FL 32790**

**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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when executing)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HAINES, WEBBER B.
STREET ADDRESS	250 PARK AVENUE, SOUTH
CITY-ST-ZIP	WINTER PARK FL
TITLE	D
NAME	KNIGHT, RANDAL L.
STREET ADDRESS	2061 SUE HARBOR COVE
CITY-ST-ZIP	ORLANDO FL
TITLE	SD
NAME	WACKER, KENNETH E.
STREET ADDRESS	157 EAST NEW ENGLAND AVE
CITY-ST-ZIP	WINTER PARK FL
TITLE	TD
NAME	HAINES, JOHN D.
STREET ADDRESS	250 PARK AVENUE SOUTH
CITY-ST-ZIP	WINTER PARK FL
TITLE	D
NAME	HRUSKA, ROMAN
STREET ADDRESS	2139 SOUTH 38 STREET
CITY-ST-ZIP	OMAHA NE
TITLE	D
NAME	MUSKA, WILLIAM
STREET ADDRESS	2141 PAGET CIRCLE
CITY-ST-ZIP	NAPLES FL

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

*John D. Haines*  
**John D. Haines**  
Secretary

2/8/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number