


**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State
		DIVISION OF CORPORATIONS

**DOCUMENT # 703186 (7)**  
 1. Corporation Name  
**ALBIN POLASEK FOUNDATION INC.**



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

3. Date Incorporated or Qualified <b>11/15/1961</b>	3a. Date of Last Report <b>02/13/1995</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>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>HAINES, WEBBER B. 250 PARK AVENUE SOUTH WINTER PARK FL 32790</b>	10. Name and Address of New Registered Agent 81 Name <b>John D. Haines</b> 82 Street Address (P.O. Box Number Is Not Acceptable) <b>1716 N. Interlachen Ave.</b> 83 City <b>Winter Park</b> 84 Zip Code <b>FL 32789</b>
--	---

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: *John D. Haines* (NOTE: Registered Agent signature required when reinstating) DATE: **1 29 96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAINES, WEBBER B. 250 PARK AVENUE, SOUTH WINTER PARK FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE  Secretary/Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition Russell R. Baldwin 2185 N. Park Ave. Winter Park, Fl.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vice President KNIGHT, RANDAL L. - Vice President 2061 SUE HARBOR COVE ORLANDO FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE  <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WACKER, KENNETH E. 157 EAST NEW ENGLAND AVE WINTER PARK FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE  D <input type="checkbox"/> Change <input type="checkbox"/> Addition Allen Trovillion 1312 Palmetto Ave. Winter Park, Fl. 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD President HAINES, JOHN D. - President 250 PARK AVENUE SOUTH WINTER PARK FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE  D - Managing Director <input type="checkbox"/> Change <input type="checkbox"/> Addition Margaret D. Moran 2500 Lee Rd. #131 Winter Park, Fl. 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HRUSKA, ROMAN 2139 SOUTH 38 STREET OMAHA NE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE  E00001740908 -03/13/96--01026--001 ***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSKA, WILLIAM 2141 PAGET CIRCLE NAPLES FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE  <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(3)(k), 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.

SIGNATURE: **Margaret D. Moran** *Margaret D. Moran* DATE: **1/15/96** (407) 647-6294  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Time Phone #

CR2E037 (12/95)

5/12/96