


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 06, 1999 8:00 am
Secretary of State

07-06-1999 90010 048 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703186

1. Corporation Name
ALBIN POLASEK FOUNDATION INC.

Principal Place of Business 633 OSCEOLA AVENUE P.O. BOX 1691 WINTER PARK FL 32789 US	Mailing Address P O BOX 1691 WINTER PARK FL 32790 US
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21 2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/15/1961
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1102352
23 City & State	27 City & State	Applied For Not Applicable
24 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25	29	30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MARTIN, DONALD S 2219 WHITEHALL DR WINTER PARK FL 32792		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, WILLIAM	1.2 NAME	John D. Haines
STREET ADDRESS	188 CRESTVIEW WAY	1.3 STREET ADDRESS	716 N. Interlachen Avenue
CITY-ST-ZIP	YARDLEY PA 19067	1.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNIGHT, RANDAL	2.2 NAME	Betty Duda
STREET ADDRESS	645 WOODRIDGE DR	2.3 STREET ADDRESS	2450 Mikler Road
CITY-ST-ZIP	FERN PARK FL 32730	2.4 CITY-ST-ZIP	Oviedo, FL 32765
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROVILLION, ALLEN	3.2 NAME	
STREET ADDRESS	1312 PALMETTO AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, MARGARET D	4.2 NAME	
STREET ADDRESS	2500 LEE RD #131	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, DONALD S	5.2 NAME	
STREET ADDRESS	2219 WHITEHALL DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32792	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSKA, WILLIAM	6.2 NAME	
STREET ADDRESS	2141 PAGET CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	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, with all other like empowered.

SIGNATURE: Walter J. Moran **SIGNATURE REQUIRED** 6/30/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)