


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91010 009 ****61.25

DOCUMENT # 703186
 1. Entity 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

J4U01196



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

04272004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
MARTIN, DONALD S
2219 WHITEHALL DR
WINTER PARK, FL 32792

4. FEI Number
59-1102352

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
 Signature, typed or printed name of registered agent and title if applicable: (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BITIER, CARL	
STREET ADDRESS	1806 JESSICA CT.	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNIGHT, RANDAL	
STREET ADDRESS	645 WOODRIDGE DR	
CITY-ST-ZIP	FERN PARK, FL 32730	
TITLE	D	<input type="checkbox"/> Delete
NAME	TROVILLION, ALLEN	
STREET ADDRESS	1360 PALMETTO AVE	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WISLER, WILLARD	
STREET ADDRESS	665 BALMORAL DRIVE	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	P	<input type="checkbox"/> Delete
NAME	MARTIN, DONALD S	
STREET ADDRESS	2219 WHITEHALL DR	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	CULPEPPER, J. BLAIR	
STREET ADDRESS	440 SEYMOUR AVE.	
CITY-ST-ZIP	WINTER PARK, FL 32789	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOLE, Genevieve	
STREET ADDRESS	222 Osceola Ct	
CITY-ST-ZIP	Winter Park FL 32789	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Knight, Randal	
STREET ADDRESS	645 Woodridge Dr.	
CITY-ST-ZIP	FERN PARK, FL 32730	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Randal L. Knight* 4/29/04 407-898-1464
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #