
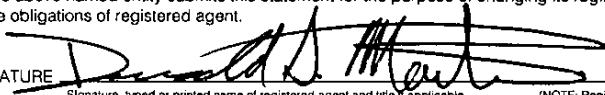
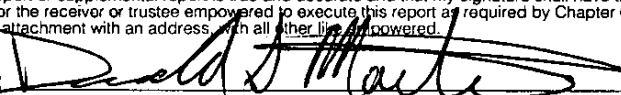


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90986 019 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1102352	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARTIN, DONALD S 2219 WHITEHALL DR WINTER PARK, FL 32792			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 				DATE 4/29/05	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLF, GENE P		NAME		
STREET ADDRESS	222 OSCEOLA CT.		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	Emeritus	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, RANDAL		NAME		
STREET ADDRESS	645 WOODRIDGE DR		STREET ADDRESS		
CITY-ST-ZIP	FERN PARK, FL 32730		CITY-ST-ZIP		
TITLE	Emeritus	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROVILLION, ALLEN		NAME		
STREET ADDRESS	1360 PALMETTO AVE		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISLER, WILLARD		NAME		
STREET ADDRESS	665 BALMORAL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	Past President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, DONALD S		NAME		
STREET ADDRESS	2219 WHITEHALL DR		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULPEPPER, J. BLAIR		NAME		
STREET ADDRESS	440 SEYMOUR AVE.		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		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 lines empowered.					
SIGNATURE: 				DATE 4/29/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	

14015365



04272005 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

\$8.75 Additional Fee Required

FL Zip Code

4/29/05

4/29/05