


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90153 006 ****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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
-------------------------------------------------------	-------------------------------------------

1st MOORE CR2E037 (10/05)

City & State	City & State	4. FEI Number 59-1102352	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	---------------------------------------

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KNIGHT, RANDAL 645 WOODRIDGE DR FERN PARK FL 32730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TROVILLION, ALLEN 1360 PALMETTO AVE WINTER PARK FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WISLER, WILLARD 665 BALMORAL DRIVE WINTER PARK FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTIN, DONALD S 2219 WHITEHALL DR WINTER PARK FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CULPEPPER, J. BLAIR 440 SEYMOUR AVE. WINTER PARK FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Robert Komenski* **4/18/06** **407-647-6294**