

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 05, 2007
Secretary of State**

DOCUMENT# 703186

Entity Name: ALBIN POLASEK FOUNDATION INC.

Current Principal Place of Business:

633 OSCEOLA AVENUE
P.O. BOX 1691
WINTER PARK, FL 32789 US

New Principal Place of Business:

633 OSCEOLA AVENUE
WINTER PARK, FL 32789 US

Current Mailing Address:

P O BOX 1691
WINTER PARK, FL 32790 US

New Mailing Address:

633 OSCEOLA AVEENUE
WINTER PARK, FL 32789 US

FEI Number: 59-1102352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, DONALD S
2219 WHITEHALL DR
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KNIGHT, RANDAL
Address: 645 WOODRIDGE DR
City-St-Zip: FERN PARK, FL 32730

Title: D () Delete
Name: TROVILLION, ALLEN
Address: 1360 PALMETTO AVE
City-St-Zip: WINTER PARK, FL 32789

Title: P () Delete
Name: WISLER, WILLARD
Address: 665 BALMORAL DRIVE
City-St-Zip: WINTER PARK, FL 32789

Title: S () Delete
Name: MARTIN, DONALD S
Address: 2219 WHITEHALL DR
City-St-Zip: WINTER PARK, FL 32792

Title: T () Delete
Name: CULPEPPER, J. BLAIR
Address: 440 SEYMOUR AVE.
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLARD WISLER

PRES

04/05/2007

Electronic Signature of Signing Officer or Director

Date