

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 737485 (3)

1. Corporation Name

THE JOHN AND ALICE PIOTROWSKI BYELORUSSIAN CHARITABLE EDUCATIONAL FUND, INC.



Principal Place of Business

Mailing Address

1716 N.E. 7TH TERRACE  
GAINESVILLE FL 32609

1716 N.E. 7TH TERRACE  
GAINESVILLE FL 32609-3751

3. Date Incorporated or Qualified  
12/09/1976

3a. Date of Last Report  
01/31/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-1724106

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIOTROWSKI, JOHN  
1716 N.E. 7TH TERRACE  
GAINESVILLE FL 32609

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME PIOTROWSKI, JOHN  
STREET ADDRESS 1716 N.E. 7TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DVP  DELETE  
NAME SCHEFFER, GEORGE  
STREET ADDRESS 2818 SW 2ND AVE  
CITY-ST-ZIP GAINESVILLE FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DT  DELETE  
NAME SCHEFFER, NADIA  
STREET ADDRESS 2818 SW 2ND AVE  
CITY-ST-ZIP GAINESVILLE FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DS  DELETE  
NAME PIOTROWSKI CASSANDRA  
STREET ADDRESS 1716 NE 7TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

*John Piotrowski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.4.1997

Date

Daytime Phone # 0011280

9.23 94

CR2E037 (9/96)