FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:20

DOCUMENT # 763344 (9)

1. Corporation Name

AMERICAN INSTITUTE OF POLISH CULTURE - PINELLAS COUNTY, INC.

Principal Place of Business	Mailing Address
9190 49TH STREET NO. PINELLAS PARK, FL 34666-2432 US	9190 49TH STREET NO. PINELLAS PARK, FL 34666-2432 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1982
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-2181830 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent

WEST, WALLACE M
6507 107TH TERR N
PINELLAS PARK FL 34666

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	D ☐ Change ☑ Addition
NAME	WEST, WALLACE M	1.2 NAME	BIELAWSKI, KAZIMIERZ
STREET ADDRESS	6507 107TH TERR N	1.3 STREET ADDRESS	4321 GULF BOULEVARD
CITY-ST-ZIP	PINELLAS PARK, FL 00000	1.4 CITY-ST-ZIP	ST. PETERSBURG BEACH, FL 33708
TITLE	TD	2.1 TITLE	D ☐ Change ☑ Addition
NAME	MARKUT, KRYSTYNA	2.2 NAME	PULLAR, DELPHINE
STREET ADDRESS	1208 SO DUNCAN AVE	2.3 STREET ADDRESS	2663 SABAL SPRING CIRCLE #102
CITY-ST-ZIP	CLEARWATER, FL 00000	2.4 CITY-ST-ZIP	CLEARWATER, FLORIDA 34621
TITLE	D	3.1 TITLE	D ☐ Change ☑ Addition
NAME	KOLANKO, KAZIMIERZ	3.2 NAME	PRZYCHODZEN, BUNIA
STREET ADDRESS	14244 86TH AVE N	3.3 STREET ADDRESS	3076 KAPOK KOVE DRIVE
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	CLEARWATER, FLORIDA 34619
TITLE	D	4.1 TITLE	D ☐ Change ☑ Addition
NAME	SROCZYNSKI, ZYGMUNT	4.2 NAME	LESNIAK, ZBIGNIEW
STREET ADDRESS	840 BRUCE AVE	4.3 STREET ADDRESS	5123 HUNTINGTON ST. N.E.
CITY-ST-ZIP	CLEARWATER BCH.,FL 00000	4.4 CITY-ST-ZIP	ST. PETERSBURG, FLORIDA 33703
TITLE	PD	5.1 TITLE	D ☐ Change ☑ Addition
NAME	BRZOSTEK, JOLANTA	5.2 NAME	JAWORSKI, GWEN
STREET ADDRESS	3927 ORCHARD HILL CREEK	5.3 STREET ADDRESS	2254 NORWEGIAN DRIVE #56
CITY-ST-ZIP	PALM HARBOR, FL 34683	5.4 CITY-ST-ZIP	CLEARWATER, FLORIDA 34623
TITLE	D	6.1 TITLE	D ☐ Change ☑ Addition
NAME	BUDA, WALDEMAR	6.2 NAME	KALUZINSKI, ROBERT
STREET ADDRESS	11285 3RD ST. E.	6.3 STREET ADDRESS	629 FAIRWOOD FOREST DRIVE
CITY-ST-ZIP	TREASURE ISLAND FL	6.4 CITY-ST-ZIP	CLEARWATER, FLORIDA 34619

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: W. West WALLACE M. WEST (VP/DIR.) 02/14/95 (813) 541-7075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020109