

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
05/18/1982

3a. Date of Last Report
02/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2181830

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **WEST, WALLACE M**
CITY-ST-ZIP **6507 107TH TERR N
PINELLAS PARK, FL 00000**

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **MARKUT, KRYSZYNA**
CITY-ST-ZIP **1208 SO DUNCAN AVE
CLEARWATER, FL 00000**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **KOLANKO, KAZIMIERZ**
CITY-ST-ZIP **14244 86TH AVE N
SEMINOLE FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SROCZYNSKI, ZYGMUNT**
CITY-ST-ZIP **840 BRUCE AVE
CLEARWATER BCH., FL 00000**

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **BRZOSTEK, JOLANTA**
CITY-ST-ZIP **3927 ORCHARD HILL CREEK
PALM HARBOR, FL 34683**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BUDA, WALDEMAR**
CITY-ST-ZIP **11285 3RD ST. E.
TREASURE ISLAND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME **PD**
13 STREET ADDRESS **WEST, WALLACE M.**
14 CITY-ST-ZIP **6507 107TH TERR N
PINELLAS PARK, FL 34666** ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition
32 NAME **VD**
33 STREET ADDRESS **KOLANKO, KAZIMIERZ**
34 CITY-ST-ZIP **14244 86TH AVE N
SEMINOLE, FL 34646** ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☒ Change ☐ Addition
52 NAME **D**
53 STREET ADDRESS **BRZOSTEK, JOLANTA**
54 CITY-ST-ZIP **3927 ORCHARD HILL CREEK
PALM HARBOR, FL 34683** ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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)(k), 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. M. West

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

Date

(813) 541-7875

Daytime Phone #

CR2E037 (12/95)