FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

763344

(9)

Mailing Address

AMERICAN INSTITUTE OF POLISH CULTURE - PINELLAS COUNTY, INC.

9190 49TH STREET NO. PINELLAS. PARK, FL 34668-2432 US		9190 49TH STREET NO. PINELLAS. PARK. FL 33782-5228 US					3. Date Incorporated or Qualified 3a. Date of Last Report 05/18/1982 01/29/1996	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For 59-2181830 Not Applied by	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				¢0.75 A	
22			27				5. Certificate of Status Desired Fee Required	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24	Country 25	29	Zip	30 Co.	intry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
					81 Name			
WEST, WALLACE M 6507 107TH TERR N				82 Street Address (P.O. Box Number is Not Acceptable)				
PINELLAS PARK FL 34666					83			
					84	City	FL 85 Zip Code 33782	
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 prefetd name or registered agent and teld of applicable. (NOTE Registered Agent's gnature required when rejusted when rejusted when rejusted agent and teld of applicable.) DATE								
					13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD		DELETE	1111	TLE		Change Addition	
NAME	WEST, WALLACE M			1.2 N	AME			
STREET ADDRESS	HESS 6507 107TH TERR N			1.3 5	1.3 STREET ADDRESS			
CITY-ST-ZIP	PINELLAS PARK, FL 00000			1.4 0	1.4 City-SI-7iP			
TITLE	TD		☐ DELETE				☐ Change ☐ Addition	
NAME	MARKUT, KRYSTYNA			2.2 N	AME			
STREET ADDRESS						ADDRESS	SS (
CITY-ST-ZIP				_	2.4 CITY-S1-ZIP Change Addition			
TITLE	_				32 NAME			
NAME DESCRIPTION	KOLANKO, KAZIMIERZ 14244 86TH AVE N				_	LDDDC00	ne l	
STREET ADDRESS CITY-ST-ZIP	A Maria Colo Mr. Ma					ADDRESS S1 - ZIP	55	
TITLE				4.1 11		51 • ZIF	VD Change X Addition	
NAME	SROCZYNSKI, ZYGMUNT		~	4.21				
STREET ADDRESS	TADDRESS 840 BRUCE AVE				4.3 STREET ADORESS		LESNIAK, ZBIGNIEW SS 5123 HUNTINGTON STREET	
CITY-ST-ZIP				4.4 CITY-ST-ZIP		ST. PETERSBURG, FLORIDA 33703		
TITLE				5.1 TITLE		D Change Addition		
NAME	BRZOSTEK, JOLANTA		•	5.2 N	AMC		ABRAMOWICZ, WALTER	
STREET ADDRESS	SEET ADDRESS 3927 ORCHARD HILL CREEK 54 Y-ST-ZIP PALM HARBOR, FL 34683 54		538	TREET	ADDRESS			
CITY-ST-ZIP			54C	54 CITY-S1-ZIP		CLEARWATER, FLORIDA 34623		
TITLE	D		DELETE	61 T	ITLE		D Change Addition	
NAME	BUDA, WALDEMAR		•	62 N	AME		STANESZEWSKI, ELIZABETH	
				6.3 \$	TREET	ADDRESS	SS 190 WOODBRIDGE CIRCLE	
				6.4.CITY - \$17(P		OLDSMAR, FLORIDA 34677		

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.

WALLACE M. WEST, PRESIDENT

1/17/97 (813) 541-7875

FILED

Jan 30 1997 8:00am

Secretary of State