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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763344** (9)
1. Corporation Name
**AMERICAN INSTITUTE OF POLISH CULTURE - PINELLAS
COUNTY, INC.**

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

05/18/1982

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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

24

25

29

30

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 33782**

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 **PD
WEST, WALLACE M
STREET ADDRESS
6507 107TH TERR N
CITY-ST-ZIP
PINELLAS PARK, FL 00000**

TITLE ☐ DELETE

NAME **TD
MARKUT, KRISTYNA
STREET ADDRESS
1208 SO DUNCAN AVE
CITY-ST-ZIP
CLEARWATER, FL 00000**

TITLE ☐ DELETE

NAME **VD
KOLANKO, KAZIMIERZ
STREET ADDRESS
14244 86TH AVE N
CITY-ST-ZIP
SEMINOLE FL**

TITLE ☐ DELETE

NAME **VD
LESNIAK, ZBIGNIEW
STREET ADDRESS
5123 HUNTINGTON ST.
CITY-ST-ZIP
ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME **D
ABRAMOWICZ, WALTER
STREET ADDRESS
2537 BLACKWOOD CIR. W.
CITY-ST-ZIP
CLEARWATER FL**

TITLE ☐ DELETE

NAME **D
STANESZEWSKI, ELIZABETH
STREET ADDRESS
190 WOODBRIDGE CIR.
CITY-ST-ZIP
OLDSMAR FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. Wallace M. West**

1/9/98

(813) 541-7875

CR2E037 (10/97)