

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90197 038 ****61.25

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DOCUMENT # 763344

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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 33782-5228 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 33782-5228 **30**

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

9. Name and Address of Current Registered Agent

**WEST, WALLACE M
6507 107TH TERR N
PINELLAS PARK FL 33782**

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 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 **PD** ☐ DELETE

NAME **WEST, WALLACE M**

STREET ADDRESS **6507 107TH TERR N**

CITY-ST-ZIP **PINELLAS PARK, FL 00000**

TITLE **TD** ☐ DELETE

NAME **MARKUT, KRYSZYNA**

STREET ADDRESS **1208 SO DUNCAN AVE**

CITY-ST-ZIP **CLEARWATER, FL 00000**

TITLE **VD** ☐ DELETE

NAME **KOLANKO, KAZIMIERZ**

STREET ADDRESS **14244 86TH AVE N**

CITY-ST-ZIP **SEMINOLE FL**

TITLE **VD** ☐ DELETE

NAME **LESNIAK, ZBIGNIEW**

STREET ADDRESS **5123 HUNTINGTON ST.**

CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D** ☐ DELETE

NAME **ABRAMOWICZ, WALTER**

STREET ADDRESS **2537 BLACKWOOD CIR. W.**

CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☐ DELETE

NAME **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)(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, with all other like empowered.

SIGNATURE:

WEST, WALLACE M.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99

(727) 541-7875

Date

Daytime Phone #

CR2E037 (11/98)