

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90057 011 \*\*\*\*61.25

**DOCUMENT # 763344**

1. Entity 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

33782-5228

33782-5228

**94015490**



MOORE

CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

4. FEI Number

59-2181830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE D  
NAME BIELAWSKI, DOROTHY  
STREET ADDRESS 4321 GULF BLVD  
CITY-ST-ZIP ST PETERSBURG BEACH FL ☐ Delete

TITLE D  
NAME ROMAN, BREJER  
STREET ADDRESS 4627 23RD AVE. N  
CITY-ST-ZIP ST PETERSBURG FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*W. M. West*

W.M. West

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-04

6787-541-7875

Date

Daytime Phone #