


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 763344	
1. Entity Name AMERICAN INSTITUTE OF POLISH CULTURE - PINELLAS COUNTY, INC.	

Principal Place of Business 9190 49TH STREET NO. PINELLAS PARK, FL 33782 US	Mailing Address 9190 49TH STREET NO. PINELLAS PARK, FL 33782 US
---	---

DO NOT WRITE IN THIS SPACE



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2181830	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

DO NOT WRITE
IN THIS SPACE

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 _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WEST, WALLACE M 6507 107TH TERR N PINELLAS PARK, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MARKUT, KRYSTYNA 1208 SO DUNCAN AVE CLEARWATER, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VO KOLANKO, KAZIMIERZ 14244 86TH AVE N SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LESNIAK, ZBIGNIEW 5123 HUNTINGTON ST. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BIELAWSKI, DOROTHY 4321 GULF BLVD ST PETERSBURG BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROMAN, BREJER 4627 23RD AVE. N ST PETERSBURG, FL

DO NOT WRITE
IN THIS SPACE

1100000176357
01/10/05-80087-010 61.25

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:  **Wallace M. West** **01-09-05** **(727) 541-7875**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #