FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:54

DOCUMENT # 768806 (2)

1. Corporation Name

THE POLISH CULTURAL SOCIETY OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1149 LAKE WORTH FL 33460	P.O. BOX 1149 LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1983
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2387513 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status: ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LEWANDOWSKI, EDWARD
425 WAYMAN CIRCLE
W. PALM BEACH FL 33413

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number Is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Edward Lewndowski — 4-6-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	LEWANDOWSKI, EDWARD	1.2 NAME	P Lewandowski,Edward
STREET ADDRESS	425 WAYMAN CIRCLE	1.3 STREET ADDRESS	425 Wayman Circle
CITY-ST-ZIP	W. PALM BEACH FL 33413	1.4 CITY-ST-ZIP	West Palm Beach,Fl.33413
TITLE	V	2.1 TITLE	V ☐ Change ☐ Addition
NAME	CASELLINI, STASIA	2.2 NAME	Casellini, Stasia
STREET ADDRESS	902 LANUS END RD,	2.3 STREET ADDRESS	902 Lands End Rd.
CITY-ST-ZIP	MANALAPAN FL 33462	2.4 CITY-ST-ZIP	MANALAPAN,FL. 33462
TITLE	TRUS	3.1 TITLE	Trus ☐ Change ☐ Addition
NAME	SOBOCINSKA, ZENOBIA	3.2 NAME	Klecz, Richard
STREET ADDRESS	111 BRYN MAWR DR.	3.3 STREET ADDRESS	2101 Banyan Rd.
CITY-ST-ZIP	LAKE WORTH FL 33460	3.4 CITY-ST-ZIP	Boca Raton,Fl.33432
TITLE	TRUS	4.1 TITLE	☐ Change ☐ Addition
NAME	ARNOT, CECILE	4.2 NAME	Arnot, Cecile 2nd: V-President
STREET ADDRESS	1340 SW 28 AVE.	4.3 STREET ADDRESS	1340 SW 28th. Ave.
CITY-ST-ZIP	BOYNTON BCH FL 33426	4.4 CITY-ST-ZIP	Boynton Beach, Fl.33426
TITLE	T	5.1 TITLE	T ☐ Change ☐ Addition
NAME	SCHMIDT, HARRIET	5.2 NAME	Schmidt, Harriet
STREET ADDRESS	135 19TH AVE N.	5.3 STREET ADDRESS	135 19th. Ave. N.
CITY-ST-ZIP	LAKE WORTH FL 33460	5.4 CITY-ST-ZIP	Lake Worth, Fl. 33460
TITLE	TRUS	6.1 TITLE	Trus. ☒ Change ☐ Addition
NAME	ZUROWSKI, EUGENE	6.2 NAME	Cieplak, Irena
STREET ADDRESS	3845 VICTORIA DR.	6.3 STREET ADDRESS	310 S.Ocean Blvd.#406
CITY-ST-ZIP	W. PALM BEACH FL 33406	6.4 CITY-ST-ZIP	Boca Raton,. Fl.33232

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Harriet Schmidt — 4-6-1995 — 407-640-2982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050710