

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 768806 (2)

1. Corporation Name

THE POLISH CULTURAL SOCIETY OF THE PALM BEACHES,
INC.

Principal Place of Business

P.O. BOX 1149
LAKE WORTH FL 33460

Mailing Address

P.O. BOX 1149
LAKE WORTH FL 33460

600001786996
-04/19/96--01026--032
***75.00



2. Principal Place of Business		2a. Mailing Address	
21	Lions Club (have only meetings there)	26	PO Box 1149, Lake Worth
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	611 Lucerne Ave.	27	Fl. 33460
City & State		City & State	
23	Lake Worth Fl. 33460	28	
Zip	Country	Zip	Country
24		29	

3. Date Incorporated or Qualified	3a. Date of Last Report
06/08/1983	04/11/1995
4. FEI Number	Applied For
59-2387513	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input checked="" type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEWANDOWSKI, EDWARD 425 WAYMAN CIRCLE W. PALM BEACH FL 33413				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				902 Lands End Rd.			
				83	Manalapan, Fl. 33462		
				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 Stasia Gorczyca Casellini DATE 5/3/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	LEWANDOWSKI, EDWARD	1.2 NAME	Casellini, Stasia
STREET ADDRESS	425 WAYMAN CIRCLE	1.3 STREET ADDRESS	902 Lands End Rd. Manalapan Fl. 33462
CITY-ST-ZIP	W. PALM BEACH FL 33413	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	VP Cecile Arnot
NAME	CASELLINI, STASIA	2.2 NAME	1340S.W. 28th Ave.
STREET ADDRESS	902 LANUS END RD.	2.3 STREET ADDRESS	Boynton Beach Fl. 33426
CITY-ST-ZIP	MANALAPAN FL 33462	2.4 CITY-ST-ZIP	
TITLE	TRUS	3.1 TITLE	Recording Sec.
NAME	KLECZ, RICHARD	3.2 NAME	Theresa Gintowt
STREET ADDRESS	2101 BANYAN RD	3.3 STREET ADDRESS	406 D2 Pine Glen Lane
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Lake Worth Fl. 33463
TITLE	SVP	4.1 TITLE	Trustee
NAME	ARNOT, CECILE	4.2 NAME	Stella Kisiel
STREET ADDRESS	1340 SW 28 AVE.	4.3 STREET ADDRESS	22 F Turtle Creek Dr.
CITY-ST-ZIP	BOYNTON BCH FL	4.4 CITY-ST-ZIP	Tequesta, Fl. 33469
TITLE	T	5.1 TITLE	T Treasurer
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	T Roma Schreiber
NAME	CIEPLAK, IRENA	6.2 NAME	4750S. Ocean Blvd.
STREET ADDRESS	310 S OCEAN BLVD. #406	6.3 STREET ADDRESS	Highland Beach, Fl. 33441
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	

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, Treasurer DATE 4-5-96 DAYTIME PHONE # 407-640-2982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP-1037 (12/95)