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Mar 11 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

611 LUCERNE AVENUE  
LIONS CLUB  
LAKE WORTH FL 33460

Mailing Address

P.O. BOX 1149  
LAKE WORTH FL 33460-11493. Date Incorporated or Qualified  
06/06/19833a. Date of Last Report  
06/09/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CASELLINI, STASIA G  
902 LANDS END ROAD  
MANALAPAN FL 33462

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: Stasia L. Casellini, President

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

(NOTE: Registered Agent signature required when reinstating)

February 19, 1997

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE RECS  
NAME GINTOWT, THERESA  
STREET ADDRESS 406-D2 PINE GLEN LANE  
CITY-ST-ZIP LAKE WORTH FL 3346311 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIPTITLE P  
NAME CASELLINI, STASIA  
STREET ADDRESS 902 LANDS END RD  
CITY-ST-ZIP MANALAPAN FL 3346221 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIPTITLE T  
NAME KISIEL, STELLA  
STREET ADDRESS 22-F TURTLE CREEK DRIVE  
CITY-ST-ZIP TEQUESTA FL 3346931 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIPTITLE VP  
NAME ARNOT, CECILE  
STREET ADDRESS 1340 SW 28 AVE  
CITY-ST-ZIP BOYNTON BEACH FL 3342641 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIPTITLE T  
NAME SCHMIDT, HARRIET  
STREET ADDRESS 135 19TH AVE N  
CITY-ST-ZIP LAKE WORTH FL 3346051 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIPTITLE T  
NAME SCHREIBER, ROMA  
STREET ADDRESS 4750 SOUTH OCEAN BOULEVARD  
CITY-ST-ZIP HIGHLAND BEACH FL 3344161 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Stasia L. Casellini, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stasia L. Casellini

Date

Daytime Phone # 0039043

585-5404

CR2E037 (9/96)