


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90112 046 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 768806

1. Corporation Name

THE POLISH CULTURAL SOCIETY OF THE PALM BEACHES, INC.

Principal Place of Business

GOLFVIEW HARBOR CLUB
2775 14TH ST
BOYNTON BEACH FL 33460
US

Mailing Address

GOLFVIEW HARBOR CLUB
2775 14TH ST
BOYNTON BEACH FL 33460
US



2. Principal Place of Business

21 **American Polish Club**

Suite, Apt. #, etc.

22 **4725 Lake Worth Rd.**

City & State

23 **Lake Worth, FL 33463**

Zip

Country

24 **USA**

2a. Mailing Address

26 **Polish Cultural Society of the Palm B.**

Suite, Apt. #, etc.

27 **P.O. Box 1149**

City & State

28 **Lake Worth, FL 33460**

Zip

Country

29 **USA**

3. Date Incorporated or Qualified

06/08/1983

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

9. Name and Address of Current Registered Agent

P TADDEUS CIEPLAK
310 S OCEAN BLVD
BOCA RATON FL 33432

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	P TADDEUS CIEPLAK	
STREET ADDRESS	310 OCEAN BLVD SUITE 406	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SCHMIDT, HARRIET	
STREET ADDRESS	135-19TH AVE N	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KISIEL, STELLA	
STREET ADDRESS	22F TURTLE CREEK SR	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MOSZYNSKI, BARBARA	
STREET ADDRESS	125 EGRET CIR	
CITY-ST-ZIP	W PALM BEACH FL 33413	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ZIELINSKI, ZDZISLAWA	
STREET ADDRESS	3051 S OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PUC, FRANK	
STREET ADDRESS	6005 BUENA VISTA CT	
CITY-ST-ZIP	BOCA RATON FL 33433	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gaeddert, Maria
2.3 STREET ADDRESS	1107 Avondale Ct.
2.4 CITY-ST-ZIP	West Palm Beach, FL 33409
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Guziewicz, Danuta
3.3 STREET ADDRESS	4901 S. Flagler Dr.
3.4 CITY-ST-ZIP	West Palm Beach, FL 33405
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

P TADDEUS CIEPLAK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 1999

Date

(561) 391-5234

Daytime Phone #

CR2E037 (11/98)