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FILED

Feb 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000000625 (4)

1. Corporation Name

POLISH AMERICAN CONGRESS CHARITABLE FOUNDATION,
INC.

Principal Place of Business

Mailing Address

5711 N. MILWAUKEE AVENUE
CHICAGO IL 606465711 N. MILWAUKEE AVENUE
CHICAGO IL 60646-62153. Date Incorporated or Qualified
02/09/19933a. Date of Last Report
03/18/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

36-2732238

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOLASINSKI, JOHN P
627 SW 27TH AVENUE
MIAMI FL 33135

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C DIRECTOR ☐ DELETE
NAME LENARD, MYRA
STREET ADDRESS 1625 "K" ST. NW, ROOM 205
CITY-ST-ZIP WASHINGTON DC 200061.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VC TRUSTEE ☐ DELETE
NAME KUCZYNSKI, LES
STREET ADDRESS 6100 N. CICERO AVENUE
CITY-ST-ZIP CHICAGO IL 606462.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D DIRECTOR ☐ DELETE
NAME BETKA, EVA
STREET ADDRESS 221 N. LASALLE ST., 32ND FLOOR
CITY-ST-ZIP CHICAGO IL 606013.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D DIRECTOR ☐ DELETE
NAME TOKARSKI, STEVE
STREET ADDRESS 7803 W. 75TH AVENUE
CITY-ST-ZIP SCHERERVILLE IN 463754.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE P TRUSTEE ☐ DELETE
NAME MOSKAL, EDWARD J
STREET ADDRESS 6100 N. CICERO AVENUE
CITY-ST-ZIP CHICAGO IL 606465.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE VP TRUSTEE ☐ DELETE
NAME WOJCIK, HELEN V
STREET ADDRESS 205 S. NORTHWEST HWY.
CITY-ST-ZIP PARK RIDGE IL 600686.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Edward J. Moskal

1-30-97

773-763-9944

CR2E037 (9/96)