


FILE NOW: FILING FEE IS \$61.25

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Jan 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000000625 (4)**

1. Corporation Name

**POLISH AMERICAN CONGRESS CHARITABLE FOUNDATION,  
INC.**

Principal Place of Business

Mailing Address

**5711 N. MILWAUKEE AVENUE  
CHICAGO IL 60646**

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CHICAGO IL 60646**

3. Date Incorporated or Qualified

**02/09/1993**

4. FEI Number

**36-2732238**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29**

**30**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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

TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>LENARD, MYRA</b>	
STREET ADDRESS	<b>1625 "K" ST N.W., ROOM 205</b>	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	

TITLE	<b>VCT</b>	<input type="checkbox"/> DELETE
NAME	<b>KUCZYNSKI, LES</b>	
STREET ADDRESS	<b>6100 N. CICERO AVENUE</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BETKA, EVA</b>	
STREET ADDRESS	<b>221 N. LASALLE ST., 32ND FLOOR</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60601</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TOKARSKI, STEVE</b>	
STREET ADDRESS	<b>7803 W. 75TH AVENUE</b>	
CITY-ST-ZIP	<b>SCHERERVILLE IN 46375</b>	

TITLE	<b>PT</b>	<input type="checkbox"/> DELETE
NAME	<b>MOSKAL, EDWARD J.</b>	
STREET ADDRESS	<b>6100 N. CICERO AVENUE</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	

TITLE	<b>VPT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WOJCIK, HELEN J.</b>	
STREET ADDRESS	<b>205 S. NORTHWEST HWY</b>	
CITY-ST-ZIP	<b>PARK RIDGE IL</b>	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>VPT</b>
6.3 STREET ADDRESS	<b>DELPHINE LYTELL</b>
6.4 CITY-ST-ZIP	<b>205 S. NORTHWEST HWY PARK RIDGE, IL 60068</b>

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.

SIGNATURE: 

Jan. 9, 1998

773/763-9944

CR2E037 (10/97)