2005 NOT-FOR-PROFIT CORPORATION

Jan 10, 2005 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # N01000001266 01-10-2005 90024 036 ****61.25 POLISH EDUCATIONAL AND CULTURAL FOUNDATION, Principal Place of Business Mailing Address 40000115 6411 EDGE-O-GROVE CIRCLE 6411 EDGE-O-GROVE CIRCLE ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 31-1758208 Applied For Not Applicable Zip. Zip _ Country \$8.75 Additional 5.-Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUSH, MARCELLA 6411 EDGE-O-GROVE CIRCLE Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32819 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing ... Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PM ☐ Delete TITLE ☐ Change ☐ Addition TITLE BUSH, MARCELL NAME NAMÉ STREET ADDRESS 6411 EDGE-O-GROVE CIRCLE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change ☐ Addition MILEWSKI, RICHARD NAME NAME 2741 ROSE MOSS LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP ORLANDO, FL 32807 CITY-ST-7IP TITLE ---- Change - Addition TITLE Delete NAME DZIUBAN, CHARLES NAME 3505 MERIVALE DRIVE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CASSELBERRY, FL 32707 CITY-ST-ZIP ☐ Delete □ Change ☐ Addition TITLE TITLE ODAHOWSKI, WILLIAM NAME NAME 1155 KERWOOD CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32765 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE KIJEK, JEAN NAME NAME 14243 WING FOOT RD STREET ADDRESS STREET ADDRESS 14243 WONG FOOT RD CRAWFORDVILLE, FL 32326 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE BOUNCLER, STELLA NAME STREET ADORESS 7613 PERSIAN CT STREET ADDRESS

CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR D

CITY-ST-ZIP

ORLANDO, FL 32819