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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06517

1. Corporation Name

POLISH HERITAGE FOUNDATION OF THE UNIVERSITY OF
TAMPA, INC.

Principal Place of Business

3529 EDENWOOD DR
HOLIDAY FL 34691-1217
US

Mailing Address

3529 EDENWOOD DR
HOLIDAY FL 34691-1217
US

346206 - 90091 - 32



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

12/06/1984

4. FEI Number

59-0624459

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

RADZIKOWSKI, VINCENT W
3529 EDENWOOD DR.
HOLIDAY FL 34691-1217

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 PD ☐ DELETE
NAME ZIARKO, CASIMIR
STREET ADDRESS 5931 42 AVENUE N.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VP ☐ DELETE
NAME MISIEWIEZ, JANE
STREET ADDRESS 5700 3RD ST. S
CITY-ST-ZIP ST. PETERSBURG FL

TITLE SD ☐ DELETE
NAME COCHRAN, RENATTA F.
STREET ADDRESS 2320 SETON LANE
CITY-ST-ZIP LARGO FL

TITLE TD ☐ DELETE
NAME RADZIKOWSKI, VINCENT
STREET ADDRESS 3529 EDENWOOD DR.
CITY-ST-ZIP HOLIDAY FL

TITLE VD ☐ DELETE
NAME SZCZESNIAKOWSKI, MONICA
STREET ADDRESS 3104 CLOVEWOOD PL
CITY-ST-ZIP SEFFNER FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/99

Daytime Phone #

CR2E037 (1/98)