

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N42166**

(1)

1. Corporation Name

THE POLAND FOUNDATION, INC.



Principal Place of Business

Mailing Address

**4601 COMMUNITY DRIVE
WEST PALM BEACH FL 33417-7601**

**4601 COMMUNITY DRIVE
WEST PALM BEACH FL 33417-7601**

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/19/1991

3a. Date of Last Report

01/30/1995

4. FEI Number

65-0247912

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**KLEIN, JEFFREY L.
4601 COMMUNITY DRIVE
WEST PALM BEACH FL 33417-2760**

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 ☐ DELETE

NAME **PD
POLAND, TED**
STREET ADDRESS **1714 CONSULATE PLACE**
CITY-STATE-ZIP **W PALM BEACH FL**

TITLE ☐ DELETE

NAME **VD
POLAND, MILDRED**
STREET ADDRESS **1714 CONSULATE PLACE**
CITY-STATE-ZIP **W PALM BEACH FL**

TITLE ☒ DELETE

NAME **T
BAKER, EDWARD**
STREET ADDRESS **2380 SARATOGA BAY DRIVE**
CITY-STATE-ZIP **W PALM BEACH FL**

TITLE ☒ DELETE

NAME **SD
ENGELSTEIN, ALEC**
STREET ADDRESS **6611 S. FLAGLER DR**
CITY-STATE-ZIP **W PALM BEACH FL**

TITLE ☐ DELETE

NAME **D
BLONDER, ERWIN H.**
STREET ADDRESS **241 W INDIES DRIVE**
CITY-STATE-ZIP **PALM BEACH FL**

TITLE ☐ DELETE

NAME **D
KLEIN, JEFFREY L.**
STREET ADDRESS **7905 TENNYSON COURT**
CITY-STATE-ZIP **BOCA RATON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE ☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

Eugene Philips
127 Root Trail
Palm Beach, FL 33480

SD
Barbara Gordon Green
883 N. Lake Way
Palm Beach, FL 33480

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96

Date

407 478 0700

Daytime Phone #

CR2E037 (12/95)