


FILE NOW: FILING FEE IS \$61.25

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Mar 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42166**

(1)

1. Corporation Name

**THE POLAND FOUNDATION, INC.**



Principal Place of Business <b>4801 COMMUNITY DRIVE WEST PALM BEACH FL 33417-7801</b>		Mailing Address <b>4801 COMMUNITY DRIVE WEST PALM BEACH FL 33417-2716</b>	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
25. Country		30. Country	
3. Date Incorporated or Qualified <b>02/19/1991</b>		3a. Date of Last Report <b>02/12/1996</b>	
4. FEI Number <b>65-0247912</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>KLEIN, JEFFREY L. 4801 COMMUNITY DRIVE WEST PALM BEACH FL 33417-2760</b>		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POLAND, TED</b>	1.2 NAME	
STREET ADDRESS	<b>1714 CONSULATE PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W PALM BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POLAND, MILDRED</b>	2.2 NAME	
STREET ADDRESS	<b>1714 CONSULATE PLACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W PALM BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHILLIPS, EUGENE</b>	3.2 NAME	
STREET ADDRESS	<b>127 ROOT TRAIL</b>	3.3 STREET ADDRESS	<b>1191 N. OCEAN WAY</b>
CITY-ST-ZIP	<b>PALM BEACH FL</b>	3.4 CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, BARBARA GORDON</b>	4.2 NAME	
STREET ADDRESS	<b>583 NORTH LAKE WAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLONDER, ERWIN H.</b>	5.2 NAME	
STREET ADDRESS	<b>241 W INDIES DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLEIN, JEFFREY L.</b>	6.2 NAME	
STREET ADDRESS	<b>7805 TENNYSON COURT</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	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: \_\_\_\_\_

*Jeffrey L. Klein*

3/7/97

(561)  
478-0700

CR2E037 (9/96)