

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 # N42240 (4)

1. Corporation Name

POLISH AMERICAN HERITAGE SOCIETY OF PENSACOLA, I
NC.

Principal Place of Business

904 N 57TH ST
PENSACOLA FL 32506-4658

Mailing Address

904 N 57TH ST
PENSACOLA FL 32506-4658



3. Date Incorporated or Qualified
02/25/1991

3a. Date of Last Report
05/01/1995

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

10. Name and Address of New Registered Agent

MIGA, FELIX
904 N 57TH ST
PENSACOLA FL 32507

81 Name

Benigne Dohms

82 Street Address (P.O. Box Number is Not Acceptable)

5090 Leesway Terrace

83

84 City

Pensacola

FL

85 Zip Code

32504

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

Benigne Dohms, Director

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating.)

DATE

5/14/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
BENIGNE, DOHMS
5090 LEESWAY TERRACE
PENSACOLA FL 32504

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
ASMAR, AMELIA
302 RUE MAX
PENSACOLA FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MUSIAL, VICTOR
4640 CREIGHTON DRIVE
PENSACOLA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PIORO, VERONICA
813 E. BLOODWORTH LANE
PENSACOLA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Benigne Dohms, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 14, 1996

904-477-0454

Date

Daytime Phone #

CR2E037 (12/95)