

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42240** (4)

1. Corporation Name

**POLISH AMERICAN HERITAGE SOCIETY OF PENSACOLA, I  
NC.**

Principal Place of Business

Mailing Address

**904 N 57TH ST  
PENSACOLA FL 32506-4658**

**904 N 57TH ST  
PENSACOLA FL 32506-4658**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		02/25/1991		05/17/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3049963		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
32504		USA		32504		USA	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOHMS, BENIGNE  
5090 LEESWAY TERRACE  
PENSACOLA FL 32504**

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 Benigne Dohms DATE August 14, 1997

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENIGNE, DOHMS	1.2 NAME	Pete Lysek
STREET ADDRESS	5090 LEESWAY TERRACE	1.3 STREET ADDRESS	3449 Stefani Road
CITY-ST-ZIP	PENSACOLA FL 32504	1.4 CITY-ST-ZIP	Cantonment, FL 32533
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PASTUCHA, JOE	2.2 NAME	Betsy Naumowicz
STREET ADDRESS	501 STANLEY AVENUE	2.3 STREET ADDRESS	1841 Candlewood Drive
CITY-ST-ZIP	PENSACOLA FL 32503	2.4 CITY-ST-ZIP	Gulf Breeze, FL 32566
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	PPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSIAL, VICTOR	3.2 NAME	Benigne Dohms
STREET ADDRESS	4840 CREIGHTON DRIVE	3.3 STREET ADDRESS	5090 Leesway Terrace
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	Pensacola FL 32504
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIORO, VERONICA	4.2 NAME	
STREET ADDRESS	813 E. BLOODWORTH LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 B. SIGNATURE REQUIRED

CR2E037 (4/97)