


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jun 23, 1999 8:00 am**  
**Secretary of State**

06-23-1999 90001 038 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N42240</b>					
1. Corporation Name <b>POLISH AMERICAN HERITAGE SOCIETY OF PENSACOLA, INC.</b>					
Principal Place of Business <b>904 N 57TH ST PENSACOLA FL 32506-4658</b>			Mailing Address <b>5090 LEESWAY TERR PENSACOLA FL 32504 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/25/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3049963	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>DOHMS, BENIGNE 5090 LEESWAY TERRACE PENSACOLA FL 32504</b>			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					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

SIGNATURE:

*Peter H. Dohms*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 1999

850-477-0454

CR2E037 (1/98)