FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N42240

Corporation Name

POLISH AMERICAN HERITAGE SOCIETY OF PENSACOLA, I NC.

Principal Place of Business
904 N 57TH ST
PENSACOLA FL 32506-4658

Mailing Address

5090 LEESWAY TERR PENSACOLA FL 32504

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

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Principal Place of Business Za. Mailing Address						3.	Date Incorporated or Qualifed 02/25/1991				_	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.			4.	FEI Number 59-3049963			Applied For Not Applicab	ole.	
23	City & State		City & State			5.	Certifcate of Status Desired		• • •	75 Additional e Required	~	
24	Zip Country 25	29	Zip Co	ountry		6.	Election Campaign Financing Trust Fund Contribution		• -	.00 May Be ded to Fees		
	9. Name and Address of Current F	Regist	ered Agent	Т	10. Name and Address of New Registered Agent							
					Name							
DOHMS, BENIGNE				82	82 Street Address (P.O. Box Number is Not Acceptable)							
5090 LEESWAY TERRACE PENSACOLA FL 32504						<u> </u>					7	
_				84	City			FL		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) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12												
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1 1111					ł				Cha	nge Addit	JOH	
NAME LYSEK, PETE;				NAME	Ĭ						1	
STREET ADDRESS 3449 STEFANI RD 1.3 STF				STREET	ADDRESS (1	
CITY-ST-ZIP CANTONMENT FL 1.4 CIT				CITY-S	ZIP							

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2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 T/TLE

6.2 NAME

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

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6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

2.4 CITY-ST-ZIP

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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, with all other like empowered.

SIGNATURE:

MLE

NAME

TITLE

NAME

TITLE

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NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAUMOWICZ, BETSY

GULF BREEZE FL

DOHMS, BENIGNE

PIORO, VERONICA

813 E. BLOODWORTH LANE

PENSACOLA FL

PENSACOLA FL

DOHMS, PETERS

5090 LEESWAY TERR

PENSACOLA FL 32504

5090 LEESWAY TERR

PPD

1841 CANDLEWOOD DR

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