
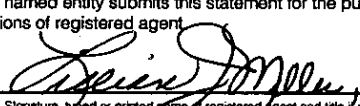



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90012 006 ****65.00

DOCUMENT # N42240 1. Entity Name POLISH AMERICAN HERITAGE SOCIETY OF PENSACOLA, INC.			
Principal Place of Business 904 N 57TH ST PENSACOLA, FL 32506-4658		Mailing Address 5090 LEESWAY TERR PENSACOLA, FL 32504 — US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2045 Downing Dr. Suite, Apt. #, etc.	
City & State		City & State Pensacola	
Zip	Country	Zip 32505	Country USA-Florida
4. FEI Number 59-3049963		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOHMS, BENIGNE 5090 LEESWAY TERRACE PENSACOLA, FL 32504		7. Name and Address of New Registered Agent Name Lillian Miller Street Address (P.O. Box Number is Not Acceptable) 2045 DOWNING DR City PENSACOLA FL Zip Code 32505	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  LILLIAN J. MILLER, TREASURER July 7, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOHMS, BENIGNE 5090 LEESWAY TERR PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mary Bates 10510 Willow Lake Dr Pensacola FL 32506 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP LYSCH, PETE 3449 STEPHAN RD CANTONMENT, FL 32509 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Gerald Bandura 10011 Bristol Park Rd Cantonment FL 32533 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOHMS, PETERS 5090 LEESWAY TERR PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Lillian Miller 2045 Downing Dr Pensacola FL 32505 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NEWGOMB, LILLI 533 NORTH 73RD AVE PENSACOLA, FL 325066441 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Michael Newcomb 533 N. 73rd Avenue Pensacola FL 32506 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		July 7 2004 850-474-1824 <small>Date Daytime Phone #</small>	