


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N42240 1. Entity Name POLISH AMERICAN HERITAGE SOCIETY OF PENSACOLA, INC.	
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Principal Place of Business 904 N 57TH ST PENSACOLA, FL 32506-4658	Mailing Address 2045 DOWNING DRIVE PENSACOLA, FL 32505 US
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01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3049963	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MILLER, LILLIAN 2045 DOWNING DRIVE PENSACOLA, FL 32505

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BATES, MARY 10570 WILLOW LAKE DRIVE PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BANDORE, GERALD 10011 BRISTOL PARK ROAD CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MILLER, LILLIAN 2045 DOWNING DRIVE PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NEWCOMB, MICHAEL 533 NORTH 73RD AVE PENSACOLA, FL 325065141
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/05/05-80056-014 81.25

**DO NOT WRITE
IN THIS SPACE**

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: *Lillian Miller* **LILLIAN MILLER** *2-2-2005* **850-474-1824**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #