

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90035 049 \*\*\*\*\*61.25

**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

2045 DOWNING DRIVE  
PENSACOLA FL 32505  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3049963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, LILLIAN  
2045 DOWNING DRIVE  
PENSACOLA FL 32505

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BATES, MARY ☒ Delete  
STREET ADDRESS 10570 WILLOW LAKE DRIVE  
CITY-ST-ZIP PENSACOLA FL 32506

TITLE VPD  
NAME BANDORE, GERALD ☒ Delete  
STREET ADDRESS 10011 BRISTOL PARK ROAD  
CITY-ST-ZIP CANTONMENT FL 32533

TITLE TD  
NAME MILLER, LILLIAN ☐ Delete  
STREET ADDRESS 2045 DOWNING DRIVE  
CITY-ST-ZIP PENSACOLA FL 32505

TITLE SD  
NAME NEWCOMB, MICHAEL ☐ Delete  
STREET ADDRESS 533 NORTH 73RD AVE  
CITY-ST-ZIP PENSACOLA FL 32506-5141

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition  
NAME JERRY BANDURA  
STREET ADDRESS 10011 BRISTOL PARK ROAD  
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE VPD ☐ Change ☒ Addition  
NAME ED MAHON  
STREET ADDRESS 1809 CRISTO LOOP  
CITY-ST-ZIP LILLIAN, AL 36549

TITLE ☐ Change ☐ Addition  
NAME SAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME SAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

*[Signature]*

3-1-2006 850-1171-1834