2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# N42240

Entity Name: POLISH AMERICAN HERITAGE SOCIETY OF PENSACOLA, INC.

Current Principal Place of Business:

904 N 57TH ST
PENSACOLA, FL 325064658

New Principal Place of Business:

Current Mailing Address:

2045 DOWNING DRIVE
PENSACOLA, FL 32505 US

New Mailing Address:

5090 LEESWAY TERRACE
PENSACOLA, FL 32504 US

FEI Number: 59-3049963 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, LILLIAN
2045 DOWNING DRIVE
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

DOHMS, BENIGNE
5090 LEESWAY TERRACE
PENSACOLA, FL 32504 US

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.

SIGNATURE: BENIGNE DOHNMS 04/26/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BANDURA, JERRY
Address: 10011 BRISTOL PARK RD
City-St-Zip: CANTONMENT, FL 32533

Title: TD ( ) Delete
Name: MILLER, LILLIAN
Address: 2045 DOWNING DRIVE
City-St-Zip: PENSACOLA, FL 32505

Title: SD ( ) Delete
Name: NEWCOMB, MICHAEL
Address: 533 NORTH 73RD AVE
City-St-Zip: PENSACOLA, FL 325065141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: DOHMS, BENIGNE
Address: 50590 LEESWAY TERRACE
City-St-Zip: PENSACOLA, FL 32504

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENIGNE DOHMS TD 04/26/2009
Electronic Signature of Signing Officer or Director — Date