

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43560

FILED
Feb 01, 2007
Secretary of State

Entity Name: POLISH HERITAGE SOCIETY, INC.

Current Principal Place of Business:

4905 BRIDGEHAMPTON BLVD
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

4905 BRIDGEHAMPTON BLVD
SARASOTA, FL 34238

New Mailing Address:

FEI Number: 65-0266064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORKOWSKI, KRZYSZTOF
4905 BRIDGEHAMPTON BLVD
SARASOTA, FL 34238 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BORKOWSKI, KRZYSZTOF
Address: 4905 BRIDGEHAMPTON BLVD
City-St-Zip: SARASOTA, FL 34238

Title: DV () Delete
Name: MASIAK, GRIEGRZ
Address: 2416 PROUD TRUTH LN
City-St-Zip: SARASOTA, FL 34234

Title: TT () Delete
Name: DRIEDZIC, IRENA
Address: 4262 FIJI PL
City-St-Zip: SARASOTA, FL 34241

Title: TT () Delete
Name: NETOTEA, IVONA
Address: 8264 SHADOW PINE WAY
City-St-Zip: SARASOTA, FL 34238

Title: TT () Delete
Name: DZIUBEK, JACEK
Address: 2215 ALICE RD
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: EVONA POPLAWSKI

MRS

02/01/2007

Electronic Signature of Signing Officer or Director

Date