FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003736 (5)**

1. Corporation Name
SUPPORTERS OF POLISH ANTARCTIC STATION INC.

Principal Place of Business	Mailing Address
3150 REGATTA CIR SARASOTA FL 34231	3150 REGATTA CIR SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/27/1994**
3a. Date of Last Report:
4. FEI Number: **65-0520721** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HASZLAKIEWICZ, ZBIGNIEW M
5051 KESTRAL PARK DR
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT		11 TITLE	☐ Change ☐ Addition
NAME	JADWIGA ZWIERSKI	D	12 NAME	
STREET ADDRESS	3150 Regatta Cir		13 STREET ADDRESS	
CITY-ST-ZIP	Sarasota,Fl.34321		14 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT		21 TITLE	☐ Change ☐ Addition
NAME	IRENE WACLAWSKI	D	22 NAME	
STREET ADDRESS	63 Clubhouse Road		23 STREET ADDRESS	
CITY-ST-ZIP	Rotonda West,Fl 33947		24 CITY-ST-ZIP	
TITLE	SECRETARY		31 TITLE	☐ Change ☐ Addition
NAME	WLADYSLAW PONCET	D	32 NAME	
STREET ADDRESS	1404 Casey Key Road		33 STREET ADDRESS	
CITY-ST-ZIP	Nokomis, Fl 34275		34 CITY-ST-ZIP	
TITLE	TREASURER		41 TITLE	☐ Change ☐ Addition
NAME	KRYSTYNA KOZLOWSKI	D	42 NAME	
STREET ADDRESS	7284 Cloister Dr.		43 STREET ADDRESS	
CITY-ST-ZIP	Sarasota,Fl 34231		44 CITY-ST-ZIP	
TITLE	CHAIRMAN		51 TITLE	☐ Change ☐ Addition
NAME	ZBIGNIEW HASZLAKIEWICZ	D	52 NAME	
STREET ADDRESS	5051 Kestral Park Dr.		53 STREET ADDRESS	
CITY-ST-ZIP	Sarasota,Fl 34231		54 CITY-ST-ZIP	
TITLE			61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jadwiga Zwierski 4/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Jadwiga Zwierski, President

00033323