

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000003736 (5)

1. Corporation Name

SUPPORTERS OF POLISH ANTARCTIC STATION INC.

Principal Place of Business

3150 REGATTA CIR
SARASOTA FL 34231

Mailing Address

3150 REGATTA CIR
SARASOTA FL 34231

3. Date Incorporated or Qualified
07/27/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

4. FEI Number
65-0521721

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HASZIAKIEWICZ, ZBIGNIEW M
5051 KESTRAL PARK DR
SARASOTA FL 34231

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PD
STREET ADDRESS ZWIERSKI, JADWIGA
CITY-ST-ZIP 3150 REGATTA CIRCLE
SARASOTA FL

TITLE ☐ DELETE
NAME SD
STREET ADDRESS PONCET, WIADYSLAW
CITY-ST-ZIP 1404 CASEY KEY RD
SARASOTA FL

TITLE ☐ DELETE
NAME TD
STREET ADDRESS KOZLOWSKI, KRYSZYNA
CITY-ST-ZIP 7284 CLOISTER DR
SARASOTA FL

TITLE ☐ DELETE
NAME CD
STREET ADDRESS HASZIAKIEWICZ, ZBIGNIEW
CITY-ST-ZIP 5051 KESTRAL PARK DR
SARASOTA FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS MANEK, WIESLAWA
CITY-ST-ZIP 6823 HALF MOON DR
SARASOTA FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS GRZYBOWSKI, BOHDAN
CITY-ST-ZIP 3934 BASSWOOD DR
SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS NETOTEA, IWONA
CITY-ST-ZIP 8264 SHADOW PINE WAY
SARASOTA FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME 200001847062
53 STREET ADDRESS -06/03/96--01017--036
54 CITY-ST-ZIP ***61.25

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(k), 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:

Krzyszna Kozlowski

4/30/96

813-923-2577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)