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Mar 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

3150 REGATTA CIR
SARASOTA FL 342313150 REGATTA CIR
SARASOTA FL 34231-61143. Date Incorporated or Qualified
07/27/19943a. Date of Last Report
05/01/19964. FEI Number
65-0521721Applied For
Not Applicable5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HASZLAKIEWICZ, ZBIGNIEW M
5051 KESTRAL PARK DR
SARASOTA FL 34231

81 Name

82 Street Address (P.O. Box Number is Not Applicable)

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME ZWIERSKI, JADWIGA
STREET ADDRESS 3150 REGATTA CIRCLE
CITY-ST-ZIP SARASOTA FL1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME GRZYBOWSKI BOHDAN
1.3 STREET ADDRESS 3934 Basswood Dr
1.4 CITY-ST-ZIP SARASOTA FL 34232TITLE VPD ☒ DELETE
NAME WACLAWSKI, IRENE
STREET ADDRESS 63 CLUBHOUSE RD
CITY-ST-ZIP ROTONDA WEST FL2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME BIK WIKTOR
2.3 STREET ADDRESS 5856 Fairwoods Cir
2.4 CITY-ST-ZIP SARASOTA FL 34243TITLE SD ☐ DELETE
NAME PONCET, WLADYSLAW
STREET ADDRESS 1404 CASEY KEY RD
CITY-ST-ZIP NOKOMIS FL3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME MADURA ANNA
3.3 STREET ADDRESS 3614 57th Ave West
3.4 CITY-ST-ZIP BRADENTON FL 34210TITLE TD ☐ DELETE
NAME KOZLOWSKI, KRISTYNA
STREET ADDRESS 7284 CLOISTER DR
CITY-ST-ZIP SARASOTA FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE CD ☐ DELETE
NAME HASZLAKIEWICZ, ZBIGNIEW
STREET ADDRESS 5051 KESTRAL PARK DR
CITY-ST-ZIP SARASOTA FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME NETOTEA, IWONA
STREET ADDRESS 8264 SHADOW PINE WAY
CITY-ST-ZIP SARASOTA FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: *Krystyna Kozlowski* KRISTYNA KOZLOWSKI 3/17/97 941-923-2577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0062874

CR2E037 (9/96)