

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90058 016 ****61.25

DOCUMENT # **N94000003736**

1. Corporation Name

SUPPORTERS OF POLISH ANTARCTIC STATION INC.

173729 - 90058 - 16

Principal Place of Business

3150 REGATTA CIR
SARASOTA FL 34231

Mailing Address

3150 REGATTA CIR
SARASOTA FL 34231



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/27/1994

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

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 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

TITLE PD ☐ DELETE

NAME ZWIERSKI, JADWIGA
STREET ADDRESS 3150 REGATTA CIRCLE
CITY-ST-ZIP SARASOTA FL

TITLE D ☒ DELETE

NAME BIK, WIKTOR
STREET ADDRESS 5856 FAIRWOODS CIR
CITY-ST-ZIP SARASOTA FL

TITLE SD ☐ DELETE

NAME PONCET, WLADYSLAW
STREET ADDRESS 1404 CASEY KEY RD
CITY-ST-ZIP NOKOMIS FL

TITLE TD ☐ DELETE

NAME KOZLOWSKI, KRYSZYNA
STREET ADDRESS 7284 CLOISTER DR
CITY-ST-ZIP SARASOTA FL

TITLE CD ☐ DELETE

NAME HASZLAKIEWICZ, ZBIGNIEW
STREET ADDRESS 5051 KESTRAL PARK DR
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ DELETE

NAME GRZYBOWSKI, BOHDAN
STREET ADDRESS 3934 BASSWOOD DRIVE
CITY-ST-ZIP SARASOTA FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

VP

MADURA ANNA

3614 57-th CTR DR WEST

BRADENTON, FL 34210

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/26/99 (941) 923-2577

CR2E037 (1/98)