

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763344

Entity Name: AMERICAN INSTITUTE OF POLISH CULTURE - PINELLAS COUNTY, INC.**Current Principal Place of Business:**9190 49TH STREET NO
PINELLAS PARK, FL 33782**Current Mailing Address:**9190 49TH STREET NO
PINELLAS PARK, FL 33782 US**FEI Number: 59-2181830****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ZIELINSKI, LESZEK
2349 WOOD POINT DR
HOLIDAY, FL 34691-7836 US*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: LESZEK ZIELINSKI****04/19/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ZIELINSKI, LESZEK
Address 2349 WOOD POINT DR
City-State-Zip: HOLIDAY FL 34691

Title VP
Name CZKWIANIANC, GEORGE
Address 5113 TOWN & COUNTRY BLVD
City-State-Zip: TAMPA FL 33677

Title TREASURER
Name ZBIGNIEW, ADAM P
Address 6980 ULMERTON RD
 APT 1D
City-State-Zip: LARGO FL 33771

Title DIRECTOR
Name FILINSKA, SOPHIE D
Address 3207 SAN CARLOS ST
City-State-Zip: CLEARWATER FL 33759

Title DIRECTOR
Name SAWA, WOJTEK
Address 2626 OAKMERE LANE
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR
Name MARKUT, KRISTYNA
Address 1208 S DUNCAN AVE
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR
Name BREJER, ROMAN
Address 4627 23RD AVE N
City-State-Zip: ST PETERSBURG FL 33713

Title DIRECTOR
Name ZASADNA, JOLANTA
Address 3816 104TH AVE N
City-State-Zip: CLEARWATER FL 33762-5471

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I hereby 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 all other like empowered.

SIGNATURE: LESZEK ZIELINSKI**PRESIDENT****04/19/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	NOWAKOWSKI, MARIOLA
Address	8934 ST ANDREWS DR
City-State-Zip:	SEMINOLE FL 33777-4518