

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763344

Entity Name: AMERICAN INSTITUTE OF POLISH CULTURE IN TAMPA BAY, INC.**FILED**
Jan 24, 2023
Secretary of State
4075985194CC**Current Principal Place of Business:**1521 NORTH SATURN AVE.
CLEARWATER, FL 33755**Current Mailing Address:**P.O. BOX 4512
CLEARWATER, FL 33758 US**FEI Number: 59-2181830****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SKIBICKI, EVA
1521 NORTH SATURN AVENUE
CLEARWATER, FL 33755 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:** EVA SKIBICKI**01/24/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	SKIBICKI, EVA
Address	P.O. BOX 4512
City-State-Zip:	CLEARWATER FL 33758

Title	TREASURER
Name	STOBNICKI, ALEKSANDRA
Address	P.O. BOX 4512
City-State-Zip:	CLEARWATER FL 33758

Title	DIRECTOR
Name	KOLANKO, HANNA
Address	P.O. BOX 4512
City-State-Zip:	CLEARWATER FL 33758

Title	SECRETARY
Name	MARKUT, KRYSZYNA
Address	P.O. BOX 4512
City-State-Zip:	CLEARWATER FL 33758

Title	DIRECTOR
Name	NOWAKOWSKI, MARIOLA
Address	P.O. BOX 4512
City-State-Zip:	CLEARWATER FL 33758

Title	DIRECTOR
Name	JAKUBIEC, JOLA
Address	P.O. BOX 4512
City-State-Zip:	CLEARWATER FL 33758

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: EVA SKIBICKI**PRESIDENT****01/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date