

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 10, 2006  
Secretary of State**

DOCUMENT# 765490

Entity Name: THE BISHOP KARDAS MEMORIAL HOME, INC.

**Current Principal Place of Business:**

% CONRAD S. KULATZ, ESQ.  
5401 S.W. 64TH AVENUE  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

% CONRAD S. KULATZ, ESQ.  
5401 S.W. 64TH AVENUE  
DAVIE, FL 33314

**New Mailing Address:**

FEI Number: 59-2349228      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KULATZ, CONRAD S., ESQ.  
5401 S.W. 64TH AVENUE  
DAVIE, FL 33314      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: DAWIDZIUK, JAN  
Address: 920 N. NORTHWEST HIGHWAY  
City-St-Zip: PARK RIDGE, FL

Title: VTD      ( ) Delete  
Name: SOBIECHOWSKI, PAUL T., .  
Address: 5401 S.W. 64TH AVE  
City-St-Zip: DAVIE, FL

Title: SD      ( ) Delete  
Name: MAYCAN, ROBERT R.,  
Address: 2019 W. CHARLESTON ST  
City-St-Zip: CHICAGO, IL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: REV. PAUL SOBIECHOWSKI

VTD

01/10/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date