


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90085 027 ****61.25

DOCUMENT # 767624

1. Entity Name
POLONIA SOCIETY OF KORONA, FLA., INC.



Principal Place of Business
 2615 N PENINSULA DR
 DAYTONA BEACH, FL 32118 US

Mailing Address
 2615 N PENINSULA DR
 DAYTONA BEACH, FL 32118 US

64004374



2. Principal Place of Business
 2685 Dobbs Road

3. Mailing Address
 2685 Dobbs Road

Suite, Apt. #, etc.

01072004 Chg-NP CR2E037 (10/03)

City & State
 St. Augustine, FL

City & State
 St. Augustine, FL

4. FEI Number
 59-2274565

Applied For
 Not Applicable

Zip
 32086

Country
 St. Johns

Zip
 32086

Country
 St. Johns

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OZIERSKI, JANE L
 2615 N PENINSULA DR
 DAYTONA BEACH, FL 32118

7. Name and Address of New Registered Agent

Name
 DUBIK, JERRY

Street Address (P.O. Box Number is Not Acceptable)
 2685 Dobbs Road

City
 St. Augustine, FL 32086

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jerry Dubik* 1-14-2004 January 2004 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD	NAME DUBIK, JERRY	<input type="checkbox"/> Delete
STREET ADDRESS 290 SAN MARCO AVE	CITY-ST-ZIP SAINT AUGUSTINE, FL 32084	
TITLE VPD	NAME WIELGUS, ROBERT W	<input type="checkbox"/> Delete
STREET ADDRESS 11 RESTON PL	CITY-ST-ZIP PALM COAST, FL 32164	
TITLE SD	NAME OZIERSKI, JANE L	<input type="checkbox"/> Delete
STREET ADDRESS 2615 N. PENINSULA DR.	CITY-ST-ZIP DAYTONA BEACH, FL	
TITLE TD	NAME OZIERSKI, WALTER	<input type="checkbox"/> Delete
STREET ADDRESS 2615 N. PENINSULA DR.	CITY-ST-ZIP DAYTONA BEACH, FL	
TITLE SD	NAME ROMANIENKO, MARIA	<input type="checkbox"/> Delete
STREET ADDRESS 23 BRYAN CAVE RD	CITY-ST-ZIP SOUTH DAYTONA, FL 32119	
TITLE RSD	NAME BILINSKI, MARIA K	<input type="checkbox"/> Delete
STREET ADDRESS 60 FLEMING CT	CITY-ST-ZIP PALM COAST, FL 32137	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD	NAME SKALOWSKI, ANDREW	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2150 N. Ponce DeLeon Blvd.	CITY-ST-ZIP St. Augustine, FL 32084	
TITLE VPD	NAME DUBIK, JERRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2685 Dobbs Road	CITY-ST-ZIP St. Augustine, FL 32086	
TITLE (VACANT)	NAME (VACANT)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	NAME WLAZ, KAZIMIERZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 16 Ramshorn Place	CITY-ST-ZIP Palm Coast, FL 32137	
TITLE SD	NAME KRUPINSKI, IRENE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2695 Dobbs Road	CITY-ST-ZIP St. Augustine, FL 32086	
TITLE RSD	NAME WOLYNSKI, LILIANA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6985 Charles Street	CITY-ST-ZIP St. Augustine, FL 32086	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Andrew Skalowski* 1/14/04 January 2004 (904) 825-2398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Use Daytime Phone #

Andrew Skalowski, President