

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N24247** (1)

1. Corporation Name

POLISH NATIONAL ALLIANCE SPACE COAST LODGE 3230, INC.



Principal Place of Business

Mailing Address

PO BOX 1313
TITUSVILLE FL 32781

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TITUSVILLE FL 32781

3. Date Incorporated or Qualified
01/07/1988

3a. Date of Last Report
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
51-0224504

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MLODZIANOWSKI, RUTH
2515 HERITAGE DRIVE
TITUSVILLE FL 32780**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☐ DELETE

NAME **FARRELL, PHYLLIS**
STREET ADDRESS **1305 N. TROPICAL TRAIL**
CITY-ST-ZIP **MERRITT ISLAND FL**

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE **PD** ☐ DELETE

NAME **MLODZIANOWSKI, FRANK**
STREET ADDRESS **2515 HERITAGE DR.**
CITY-ST-ZIP **TITUSVILLE FL**

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE **VD** ☐ DELETE

NAME **DEMBOWSKI, RICHARD**
STREET ADDRESS **127 MCNEELA DR.**
CITY-ST-ZIP **TITUSVILLE FL**

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE **VD** ☐ DELETE

NAME **BODZIAK, LORETTA**
STREET ADDRESS **1132 CAROL AVE.**
CITY-ST-ZIP **TITUSVILLE FL**

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE **TD** ☐ DELETE

NAME **WIEJACZKA, EDWARD**
STREET ADDRESS **1216 POLLYANA DR.**
CITY-ST-ZIP **TITUSVILLE FL**

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Frank Mlodzianowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRANK MLODZIANOWSKI

2-1-96
Date

407/267-4111
Daytime Phone #

CR2E037 (12/95)