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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	PO BOX 1313 TITUSVILLE FL 32781

3. Date Incorporated or Qualified: 01/07/1988

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 2701 GARDEN ST.	26 2701 GARDEN ST.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 TITUSVILLE, FL	28 TITUSVILLE, FL
24 Zip 32796 25 Country USA	29 Zip 32796 30 Country USA

9. Name and Address of Current Registered Agent

MLODZIANOWSKI, RUTH
2515 HERITAGE DRIVE
TITUS VILLE FL 32780

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	HELEN WIEJACKZKA		1.2 NAME	PHYLLIS FARRELL	
STREET ADDRESS	1216 POLLYANA DR.		1.3 STREET ADDRESS	305 N. TROPICAL TRAIL	
CITY-ST-ZIP	TITUSVILLE FL		1.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MLODZIANOWSKI, FRANK		2.2 NAME		
STREET ADDRESS	2515 HERITAGE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	DEMBOWSKI, RICHARD		3.2 NAME	JOSEPH GUBIAK	
STREET ADDRESS	127 MCNEELA DR.		3.3 STREET ADDRESS	940 CORDA CT	
CITY-ST-ZIP	TITUSVILLE FL		3.4 CITY-ST-ZIP	TITUSVILLE, FL 32796	
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MARGARET NICKOLENKO		4.2 NAME		
STREET ADDRESS	1450 THORNTON AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	WIEJACZKA, EDWARD		5.2 NAME	DEMBOWSKI, RICHARD	
STREET ADDRESS	1216 POLLYANA DR.		5.3 STREET ADDRESS	127 McNEELA DR	
CITY-ST-ZIP	TITUSVILLE FL		5.4 CITY-ST-ZIP	TITUSVILLE, FL 32796	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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 2-5-98 407/267-4111