FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N24247

POLISH NATIONAL ALLIANCE SPACE COAST LODGE 3230.

Principal Place of Business

2701 GARDEN ST TITUSVILLE FL 32796

Mailing Address

2701 GARDEN ST TITUSVILLE FL 32796 US



99 FEB -8 AM 11: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA



2.	Principal Place of Business					2a. Mailing Address						3.		orporated or	Qualifed					
21						26							01/07/	1988						
L	Suite, Apt. #, etc.					Suite, Apt. #, etc.						4. FEI Number						App	slied For	
22						27						51-0224504						No	Applicable	
City & State						City & State						5.	Certifcate	e of Status t	Desired [dditional	
23					28												F	ee Re	quired	
Ь,	Zip	1		Country	<u> </u>	—				Country			6. Election Campaign Financing					\$5.00 May Be		
24			25	Address of Cu		29 30							Trust Fund Contribution					Added to Fees		
9. Name and Address of Current Registered Agent												10. Name and Address of New Registered Agent								
SH ODZIANOWOVI DUTTU										81 Name										
MLODZIANOWSKI, RUTH 2515 HERITAGE DRIVE									82 Street Address (P.O. Box Number is Not Acceptable)											
2013 MEMIAGE DRIVE TITUS VILLE FL 32780								83	···-											
11100 VILLE FL 02/00																				
									84	Cit	У					EI	85	Zip C	ode	
11	Pursuant	to the provisi	ions	of Sections 617.	0502 and 6	317.1508	. Florida Statu	ites, the	above	-nar	ned co	orporation	submits	this stateme	nt for the pur	roose of	changi	na its i	registered	
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.															istered					
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent along													einstating)			DATE				
12				OFFICERS	AND DIRE	CTORS		1	3.				ADDITION	S/CHANGE	S TO OFFIC	ERS A	ID DIR	ECTO	RS IN 12	
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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—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 mostlee employered 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, with all other like empowered.

SIGNATURE:

| Signature | Si

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407.383-1852