

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90151 040 \*\*\*61.25

**DOCUMENT # N24247**

1. Entity Name

**POLISH NATIONAL ALLIANCE SPACE COAST LODGE 3230, INC.**



Principal Place of Business

**2701 GARDEN ST  
TITUSVILLE FL 32796  
US**

Mailing Address

**2701 GARDEN ST  
TITUSVILLE FL 32796  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **51-0224504**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NICKOLENKO, L MARGARET  
1450 THORNTON AVE  
TITUSVILLE FL 32780**

Name

**DemBowski, Richard D**

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

**127 McNeela Drive**

City

**Titusville**

FL

Zip Code

**32796**

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

*Richard D. DemBowski*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/9/03**  
DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                             |                                            |                                                |                                                                                   |                                                                                         |
|------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>GUZIAK, JOSEPH<br>940 CORDA COURT<br>TITUSVILLE FL 32796              | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>Stadnik, T. Joseph<br>3422 Angelica Street<br>Cocoa, FL 32926-3658          | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>NICKOLENKA, MARGARET L<br>1450 THORNTON AVE<br>TITUSVILLE FL 32780    | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>DemBowski, Richard<br>127 McNeela Drive<br>Titusville, FL 32796             | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>FARRELL, PHYLLIS<br>1305 N. TROPICAL TRAIL<br>MERRITT ISLAND FL 32953 | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>Nickolenko, L. MARGARET<br>1450 THORNTON Ave.<br>Titusville, FL 32780       | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>DEMBOWSKI, RICHARD<br>127 MCNEELA DRIVE<br>TITUSVILLE FL 32796        | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>Kalonsky-Myers, Beverly ANN<br>3422 Angelica Street<br>Cocoa, FL 32926-3658 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |

CR2E037 (10/02)

**10004511**



☐ CHECK HERE IF MAKING CHANGES

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: *Richard D. DemBowski*

**1/9/03**

**331-383-1052**