

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **767624** (0)

1. Corporation Name

**POLONIA SOCIETY OF KORONA, FLA., INC.**



Principal Place of Business

Mailing Address

**14 FLEETWOOD DRIVE (32035)  
P.O. BOX 350-257**

**14 FLEETWOOD DRIVE (32035)  
P.O. BOX 350-257**

**9 Blakemore Drive**

**9 Blakemore Drive**

**Palm Coast, FL 32137**

**Palm Coast, FL 32137**

2. Principal Place of Business

2a. Mailing Address

**9 Blakemore Drive**

**9 Blakemore Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Palm Coast, FL 32137**

City & State

**Palm Coast, FL 32137**

Zip

Country

Zip

Country

3. Date Incorporated or Qualified

**03/23/1983**

3a. Date of Last Report

**03/10/1995**

4. FEI Number

**59-2274565**

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

**GOLOGIE, THEODORE.  
14 FLEETWOOD DR.  
P.O. BOX 350-257  
PALM COAST FL 32136-7257**

81. Name

**MARIA WIECLAWEK**

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

**9 Blakemore Drive**

83.

84. City

**Palm Coast**

**FL**

85. Zip Code  
**32137**

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 *Maria Wieclawek*

**Maria Wieclawek, President**

**2/9/96**

Signature, typed or printed name of registered agent and date it applies

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE **PD** ☐ DELETE  
NAME **WIECLAWEK, MARIA**  
STREET ADDRESS **9 BLAKEMORE DRIVE**  
CITY-ST-ZIP **PALM COAST FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE  
NAME **GOMOLKA, JANE**  
STREET ADDRESS **STAR ROUTE BOX 536-L N/A**  
CITY-ST-ZIP **BUNNELL FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE  
NAME **GOLOGIE, THEODORE**  
STREET ADDRESS **14 FLEETWOOD DRIVE**  
CITY-ST-ZIP **PALM COAST FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **MARIA NIESKI**  
3.3 STREET ADDRESS **HC-1 Box 532 - H**  
3.4 CITY-ST-ZIP **Bunnell, FL 32110**

TITLE **SD** ☐ DELETE  
NAME **OZIERSKI, JANE L.(CORR)**  
STREET ADDRESS **2615 N. PENINSULA DR.**  
CITY-ST-ZIP **DAYTONA BEACH FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE  
NAME **OZIERSKI, WALTER**  
STREET ADDRESS **2615 N. PENINSULA DR.**  
CITY-ST-ZIP **DAYTONA BEACH FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE  
NAME **NAJBERG, TED**  
STREET ADDRESS **16 SEAFARERS DRIVE**  
CITY-ST-ZIP **ORMOND BEACH FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

*Jane L. Ozierski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Jane L. Ozierski, Corresponding Secretary**

**2/9/96 (904) 252-2000**

Date

Daytime Phone #

CR2E037 (12/95)