


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90054 030 ****61.25

DOCUMENT # 742402 1. Entity Name POLISH-AMERICAN-PULASKI ASSOCIATION, INC.			
Principal Place of Business 4616 DARLINGTON RD P.O. BOX 3437 HOLIDAY, FL 34690 US		Mailing Address 4616 DARLINGTON RD P.O. BOX 3437 HOLIDAY, FL 34690 US	
2. Principal Place of Business 4616 DARLINGTON RD		3. Mailing Address PO BOX 3437	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HOLIDAY, FL		City & State HOLIDAY, FL	
Zip 34690	Country US	Zip 34692-0437	Country US
4. FEI Number 59-1834182		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOPANIASZ, ALVINA 2750C KEATS TERR PALM HARBOR, FL 34684		7. Name and Address of New Registered Agent Name DLUGOKINSKI, FRANK Street Address (P.O. Box Number is Not Acceptable) 9241 ROYAL PALM AVE City NEW PORT RICHEY FL Zip Code 34654	
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. FRANK DLUGOKINSKI PRESIDENT SIGNATURE: <i>[Signature]</i> 1-13-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete KOPANIASZ, ALVINA 2750C KEATS TERR PALM HARBOR, FL 34684	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DLUGOKINSKI, FRANK 9241 ROYAL PALM AVE NEW PORT RICHEY, FL 34654-5017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete GESLAK, MARTIN 9526 DANVILLE CT. NEW PORT RICHEY, FL 34655	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BARTO, MARY 4415 WOOD TRAIL BLVD NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete JENDRZEWSKI, HELEN 4315 SAIL DR NEW PORT RICHEY, FL 34652	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JENDRZEJEWski, HELEN 5915 REDHAWK DR NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete JORKASKY, RICHARD J 6240 CARDINAL CREST DR. NEW PORT RICHEY, FL 34655	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BAKER, HELEN 3145 MATCHLOCK DR HOLIDAY, FL 34690
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i> RICHARD J. JORKASKY 1-13-06 (727) 372-8620 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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