


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90028 026 ****61.25

DOCUMENT # 742402 1. Entity Name POLISH-AMERICAN-PULASKI ASSOCIATION, INC.					
Principal Place of Business 4616 DARLINGTON RD HOLIDAY, FL 34690 US			Mailing Address P.O. BOX 3437 HOLIDAY, FL 34690 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01152008 Chg-NP CR2E037 (12/06)	
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 OLDGOKINSKI FRANK 9241 ROYAL PALM AVE NEW PORT RICHEY, FL 34654 <i>PRESIDENT</i>			7. Name and Address of New Registered Agent Name ERNEST STETZ Street Address (P.O. Box Number is Not Acceptable) 8937 GLEN MOOR LN PORT RICHEY, FL 34668 City FL Zip Code		
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 _____ <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, 2008		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	P JENDRZEJEWSKI, HELEN 5915 REDHAWK DR. NEW PORT RICHEY, FL 34655 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST VICE PRES JERRY SZWEBEL 1215 ROYALWOOD DR HOLIDAY, FL 34690 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTO, MARY 4415 WOOD TRAIL BLVD NEW PORT RICHEY, FL 34655 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND VICE PRES FRANK BALIN RECORDED ON #10 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAPLA, FRANK H 6617 PINEWALK CT. NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REC. SEC. STEVE GRAHAM 4736 LAKE ELLIS LN. LAKE O' LAKES, FL 34638 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BALIN, FRANK 5117 LOFTON DR NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SZEWCZYK, PATRICIA 4022 BADEN DR HOLIDAY, FL 34691 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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>Patricia Szevczyk</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1-22-08 Daytime Phone # 727-934-0900		