2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# 742402

Entity Name: POLISH-AMERICAN-PULASKI ASSOCIATION, INC.

Current Principal Place of Business:

4616 DARLINGTON RD
HOLIDAY, FL 34690 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3437
HOLIDAY, FL 34690 US

New Mailing Address:

FEI Number: 59-1834182 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STETZ, ERNEST
8937 GLEN MOOR LN
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: 1VP ( ) Delete
Name: SZWEBEL, JERRY
Address: 1215 ROYAL WOOD DR
City-St-Zip: HOLIDAY, FL 34690

Title: S ( ) Delete
Name: RAPLA, FRANK H
Address: 6617 PINEWALK CT.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP ( ) Delete
Name: BALIN, FRANK
Address: 5117 LOFTON DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: T ( ) Delete
Name: SZEWCZYK, PATRICIA
Address: 4022 BADEN DR
City-St-Zip: HOLIDAY, FL 34691

Title: RS ( ) Delete
Name: GRAHAM, STEVE
Address: 4736 LAKE ELLIS LN
City-St-Zip: LAND O LAKES, FL 34638

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA SZEWCZYK T 01/13/2009
Electronic Signature of Signing Officer or Director Date