

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

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90006 044 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1834182**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **D** ☐ Delete  
NAME **KOPANIASZ, ALVINA**  
STREET ADDRESS **2750C KEATS TERR**  
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **D** ☐ Delete  
NAME **GESLAK, MARTIN**  
STREET ADDRESS **9526 DANVILLE CT.**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **D** ☐ Delete  
NAME **JENDRZEWSKI, HELEN**  
STREET ADDRESS **4315 SAIL DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D** ☒ Delete  
NAME **KALISZCZJK, HELEN**  
STREET ADDRESS **4933 MYRTLE OAK DR. B1 2 APT 23**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **RICHARD J. JORKASKY**  
STREET ADDRESS **6240 CARDINAL CREST DR.**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 J. JORKASKY** 1-3-03 (727) 934-0900

CR2E037 (10/02)