

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

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1. Entity Name
POLISH AMERICAN CONGRESS CHARITABLE
FOUNDATION, INC.



Principal Place of Business
5711 N. MILWAUKEE AVENUE
CHICAGO, IL 60646

Mailing Address
5711 N. MILWAUKEE AVENUE
CHICAGO, IL 60646



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-2732238

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEREZNIKI, BOGDAN
2902 CAPTIVA DR
SARASOTA, FL 34231

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000185963
01/21/05-80037-002 70.00

10. OFFICERS AND DIRECTORS

TITLE	VCT
NAME	KUCZYNSKI, LES
STREET ADDRESS	6100 N. CICERO AVENUE
CITY-ST-ZIP	CHICAGO, IL
TITLE	D
NAME	NOWOTARSKI, CHRISTOPHER
STREET ADDRESS	221 N LAELLE ST 32ND FLOOR
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	D
NAME	TOKARSKI, STEVE
STREET ADDRESS	7803 W. 75TH AVENUE
CITY-ST-ZIP	SCHERERVILLE, IN 46375
TITLE	PT
NAME	MOSKAL, EDWARD J.
STREET ADDRESS	6100 N. CICERO AVENUE
CITY-ST-ZIP	CHICAGO, IL
TITLE	VPT
NAME	LYTELL, DELPHINE
STREET ADDRESS	205 S NORTHWEST HWY
CITY-ST-ZIP	PARK RIDGE, IL 60068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-2005 773-763-9944

Date

Daytime Phone #