2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State
07-24-2006 90003 024 ****70.00

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

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

06052006 No Chg-NP CR2E037 (4/06)

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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

~~DEREZNICKI, BOGDAN~~ Gregory Twarowski
~~2902 CAPTIVA DR~~ ~~P.O. Box 32167~~
~~SARASOTA, FL 34231~~ ~~Sarasota, FL 34239~~
981 Caloosa Dr.
Sarasota, FL 34234

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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] 6/21/06
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 September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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 LASELLE 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.~~	Virginia Sikora
STREET ADDRESS	~~6100 N. CICERO AVENUE~~	6643 N. Northwest Hwy
CITY-ST-ZIP	~~CHICAGO, IL~~	Chicago, IL 60631
TITLE	~~VPT~~ Secretary	
NAME	~~LYTELL, DELPHINE~~	Pamela Komorowski
STREET ADDRESS	~~205 S NORTHWEST HWY~~	6036 W. Miami Ave.
CITY-ST-ZIP	~~PARK RIDGE, IL 60068~~	Chicago, IL 60646
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florica 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: PAMELA J. KOMOROWSKI [signature] 7-17-2006 773-763-9941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #