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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000005988 (7)**

1. Corporation Name

POLISH NATIONAL UNION OF AMERICA INC.



Principal Place of Business	Mailing Address
1006 PITTSTON AVENUE SCRANTON PA 18505	1006 PITTSTON AVENUE SCRANTON PA 18505

3. Date Incorporated or Qualified

11/12/1997

4. FEI Number

24-0692664

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER - STATE OF FLORIDA
200 GAINES STREET, DIV. OF INS. SERVICES
LARSON BUILDING, 3RD FLOOR
TALLAHASSEE FL 32399-0327**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	KOTULA, EDMUND	
STREET ADDRESS	51 FRANKLIN AVENUE	
CITY-ST-ZIP	WALLINGTON NJ 07057	

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VERY REV CASIMIR GROTHNIK	
1.3 STREET ADDRESS	748 N CHURCH STREET	
1.4 CITY-ST-ZIP	HAZLETON PA 18201	

TITLE	V	<input type="checkbox"/> DELETE
NAME	WISNIEWSKI, HENRY	
STREET ADDRESS	451 HILLCREST DRIVE	
CITY-ST-ZIP	ABERDEEN MD 21001	

2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STANLEY KUNIGIEL JR	
2.3 STREET ADDRESS	500 MAIN STREET	
2.4 CITY-ST-ZIP	DURYEA PA 18642	

TITLE	V	<input type="checkbox"/> DELETE
NAME	WISNIEWSKI, MICHAEL	
STREET ADDRESS	8950 ECHO LAKE DRIVE NE	
CITY-ST-ZIP	WARREN OH 44484	

3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STANLEY KISKA	
3.3 STREET ADDRESS	3046 NORLAND AVENUE	
3.4 CITY-ST-ZIP	CARNEGIE PA 15106	

TITLE	T	<input type="checkbox"/> DELETE
NAME	STANKOWSKI, LEON	
STREET ADDRESS	1025 PITTSTON AVENUE	
CITY-ST-ZIP	SCRANTON PA 18505	

4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	REV DENNIS RUDA	
4.3 STREET ADDRESS	41 HARRY L DRIVE	
4.4 CITY-ST-ZIP	JOHNSON CITY NY 13730	

TITLE	S	<input type="checkbox"/> DELETE
NAME	ANDRZEJEWSKI, JOHN C III	
STREET ADDRESS	RR 6 BOX 6539	
CITY-ST-ZIP	MOSCOW PA 18444	

5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARTIN WACHNA JR	
5.3 STREET ADDRESS	2222 NORTH SPOJNIA ROAD	
5.4 CITY-ST-ZIP	MCHENRY IL 60050	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SWANTEK, JOHN F	
STREET ADDRESS	115 LAKE SCRANTON ROAD	
CITY-ST-ZIP	SCRANTON PA 18505	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John F. Swanteck **ANDRZEJEWSKI ID 3/18/98 717-344-1513**

CR2E037 (10/97)