

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90110 044 \*\*\*\*61.25

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**DOCUMENT # F97000005988**

1. Corporation Name

**POLISH NATIONAL UNION OF AMERICA INC.**

Principal Place of Business

**1006 PITTSTON AVENUE  
SCRANTON PA 18505**

Mailing Address

**1006 PITTSTON AVENUE  
SCRANTON PA 18505**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**11/12/1997**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For

**24-0692664**

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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 ☐ DELETE  
NAME **D GROTHNIK, CASIMIR REV VE**  
STREET ADDRESS **748 N CHURCH STREET**  
CITY-ST-ZIP **HAZELTON PA 18201**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **P KOTULA, EDMUND**  
1.3 STREET ADDRESS **51 FRANKLIN AVENUE**  
1.4 CITY-ST-ZIP **WALLINGTON, NJ 07057**

TITLE ☐ DELETE  
NAME **D KUNIGIEL, STANLEY JR**  
STREET ADDRESS **500 MAIN STREET**  
CITY-ST-ZIP **DURYEA PA 18642**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **V WISNIEWSKI, HENRY**  
2.3 STREET ADDRESS **451 HILLCREST DRIVE**  
2.4 CITY-ST-ZIP **ABERDEEN MD 21001**

TITLE ☐ DELETE  
NAME **D KISKA, STANLEY**  
STREET ADDRESS **3046 NORLAND AVENUE**  
CITY-ST-ZIP **CARNEGIE PA 15106**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **V WISNIEWSKI, MICHAEL**  
3.3 STREET ADDRESS **8950 ECHO LAKE DRIVE NE**  
3.4 CITY-ST-ZIP **WARREN OH 44484**

TITLE ☐ DELETE  
NAME **D RUDA, DENNIS REV**  
STREET ADDRESS **41 HARRY L DRIVE**  
CITY-ST-ZIP **JOHNSON CITY NY 13730**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **T STANKOWSKI, LEON**  
4.3 STREET ADDRESS **1025 PITTSTON AVENUE**  
4.4 CITY-ST-ZIP **SCRANTON PA 18505**

TITLE ☐ DELETE  
NAME **D WACHNA, MARTIN JR**  
STREET ADDRESS **2222 NORTH SPOJNIA ROAD**  
CITY-ST-ZIP **MCHENRY IL 60050**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **S ANDRZEJEWSKI, JOHN C III**  
5.3 STREET ADDRESS **RR 6 BOX 6539**  
5.4 CITY-ST-ZIP **MOSCOW PA 18444**

TITLE ☐ DELETE  
NAME **D SWANTEK, JOHN F**  
STREET ADDRESS **115 LAKE SCRANTON ROAD**  
CITY-ST-ZIP **SCRANTON PA 18505**

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/19/99 (570)-344-1513**  
Date Daytime Phone #

CR2E037 (11/98)