

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F97000005988**

1. Entity 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



02282006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

24-0692664

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STATE OF FL INSURANCE COMMISSIONER  
200 EAST GAINES ST  
TALLAHASSEE, FL 32399-0000

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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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	1V
NAME	WACHNA, MARTIN JR.
STREET ADDRESS	421 S CHURCH RD.
CITY-ST-ZIP	BENSENVILLE, IL 60106
TITLE	2V
NAME	WISNIEWSKI, MICHAEL
STREET ADDRESS	8950 ECHO LAKE DRIVE NE
CITY-ST-ZIP	WARREN, OH 44484
TITLE	T
NAME	STANKOWSKI, MARI JANE
STREET ADDRESS	1025 PITTSTON AVE.
CITY-ST-ZIP	SCRANTON, PA 18505
TITLE	D
NAME	CWIKLA, JAN S
STREET ADDRESS	623 MAIN ST.
CITY-ST-ZIP	AVOCA, PA 18641
TITLE	PRES
NAME	KOTULA, EDMUND J
STREET ADDRESS	51 FRANKLIN AVE
CITY-ST-ZIP	WALLINGTON, NJ 07057
TITLE	D
NAME	NEMKOVICH, ROBERT M REV
STREET ADDRESS	115 LAKE SCRANTON RD
CITY-ST-ZIP	SCRANTON, PA 18505

U00000455941  
03/16/06-80008-018 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

John L. Andrzejewski III  
Secretary General

Date

Daytime Phone #

2/22/06 5703441513