


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90034 035 ****61.25

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|--|--|--|---|---|---|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 24-0692664 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$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 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1V WACHNA, MARTIN JR. 421 S CHURCH RD. BENSENVILLE, IL 60106 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2V Sarnowski, Robert J. 1021 Woodland Way Clarks Summit PA 18411 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2V WISNIEWSKI, MICHAEL 8950 ECHO LAKE DRIVE NE WARREN, OH 44484 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1V Wisniewski Michael 8950 Echo Lake Drive NE Warren OH 44484 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T STANKOWSKI, MARI JANE 1025 PITTSTON AVE. SCRANTON, PA 18505 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Andrzejewski III, John RR #6 Box 6539 Moscow PA 18444 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CWIKLA, JAN S 623 MAIN ST. AVOCA, PA 18641 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Maycan, Robert R 1425 S. Crescent Av Park Ridge IL 60068 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES KOTULA, EDMUND J 51 FRANKLIN AVE WALLINGTON, NJ 07057 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES Jugan, Irene L. 144 Columbia Dr Pittsburgh PA 15236 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NEMKOVICH, ROBERT M REV 115 LAKE SCRANTON RD SCRANTON, PA 18505 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Zarek, Michael 363 Lindsey Street Attleboro MA 02723 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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: <u>John L. Andrzejewski III</u> 3/6/08 570344 1513 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #</small> | | | | | |



ATTACHMENT 40044590
F97000005988

Polish National Union of America

A FRATERNAL BENEFIT SOCIETY

D
Nemkovich, Rev. Robert Jr.
37 Winthrop St
Fall River MA 02721

X Addition

D
Kuliczkowski, Rev. Czeslaw
35 Zerby Av
Edwardsville PA 18704

X Addition