

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005988

FILED
Feb 09, 2009
Secretary of State

Entity Name: POLISH NATIONAL UNION OF AMERICA INC.

Current Principal Place of Business:

1006 PITTSTON AVENUE
SCRANTON, PA 18505

New Principal Place of Business:

Current Mailing Address:

1006 PITTSTON AVENUE
SCRANTON, PA 18505

New Mailing Address:

FEI Number: 24-0692664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STATE OF FL INSURANCE COMMISSIONER
200 EAST GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: 2V () Delete
Name: SARNOWSKI, ROBERT J
Address: 1021 WOODLAND WAY
City-St-Zip: CLARKS SUMMIT, PA 18411

Title: IV () Delete
Name: WISNIEWSKI, MICHAEL
Address: 8950 ECHO LAKE DRIVE NE
City-St-Zip: WARREN, OH 44484

Title: T () Delete
Name: STANKOWSKI, MARI JANE
Address: 1025 PITTSTON AVE.
City-St-Zip: SCRANTON, PA 18505

Title: D () Delete
Name: CWIKLA, JAN S
Address: 623 MAIN ST.
City-St-Zip: AVOCA, PA 18641

Title: PRES () Delete
Name: JUGAN, IRENE L
Address: 144 COLUMBIA DR
City-St-Zip: PITTSBURGH, PA 15236

Title: D () Delete
Name: NEMKOVICH, ROBERT M REV
Address: 115 LAKE SCRANTON RD
City-St-Zip: SCRANTON, PA 18505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN C ANDRZEJEWSKI, III

SECR

02/09/2009

Electronic Signature of Signing Officer or Director

Date