

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90500 036 ****61.25

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

1006 PITTSTON AVE

3. Mailing Address

1006 PITTSTON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SCRANTON PA

City & State

SCRANTON PA

Zip

18505

Country

USA

Zip

18505

Country

USA

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

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOTULA, EDMUND 51 FRANKLIN AVENUE WALLINGTON NJ 07057	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WISNIEWSKI, HERNY 451 HILLCREST DRIVE ABERDEEN MD 21001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KISKA, STANLEY 3046 NORLAND AVENUE CARNEGIE PA 15106	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDA, DENNIS REV 41 HARRY L DRIVE JOHNSON CITY NY 13730	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WACHNA, MARTIN JR 421 SCHURCH ST BENSENVILLE IL 60106	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANTEK, JOHN F 115 LAKE SCRANTON ROAD SCRANTON PA 18505	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SG ANDRZEJEWSKI, JOHN C RR 6 BOX 6539 MOSCOW PA 18444	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WISNIEWSKI, MICHAEL 8950 Echo Lake Dr NE Warren OH 44484	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Navrotski, Norman 115 Holly Dr McMurray PA 15317	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Parknavy Robert 1644 Little Meadow Road Pittsburgh, PA 15219	<input 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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Most Rev. Robert M. Nemkovich 115 Lake Scranton Road Scranton PA 18505	<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 exemption stated in Section 119.07(3)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/03 570-844-1513

CR2E037 (10/02)