

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90030 001 ****61.25

DOCUMENT # N00000000005

1. Entity Name

THE PULASKI LEGION OF AMERICAN-POLISH
VETERANS AND AUXILIARY OF LAKE WORTH, INC.



Principal Place of Business

4725 LAKE WORTH RD.
LAKE WORTH FL 33463

Mailing Address

C/O WALTER S. HEKUC
5402 RED CYPRESS LANE
TAMARAC FL 33319-3020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number
65-1031019

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REKUC, WALTER S
5402 RED CYPRESS LANE
TAMARAC FL 33319-3020

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
Due By May 1, 2004

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	VC	<input type="checkbox"/> Delete
NAME	MAZUR, TED	
STREET ADDRESS	2181 NE 1ST CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	IVANUSYK, BRUNO	
STREET ADDRESS	4374 N.W. 9TH AVE. (BOX 272)	
CITY-ST-ZIP	POMPAÑO BEACH FL 33064	
TITLE	DA	<input type="checkbox"/> Delete
NAME	LAWSON, MARY	
STREET ADDRESS	1553 S.W. 20TH WAY	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PIEKARA, LOTTIE	
STREET ADDRESS	5786 SUNPOINTE CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	JA	<input type="checkbox"/> Delete
NAME	MALISZEWSKI, THADDEUS	
STREET ADDRESS	1127 SEMINOLE EAST APT. 28B	
CITY-ST-ZIP	JUPITER FL 33477-5543	
TITLE	C	<input type="checkbox"/> Delete
NAME	PIEKARA, LOTTIE	
STREET ADDRESS	5786 SUNPOINTE CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Lottie A. Piekara

3/14/03

954-735-1833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #