


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000001266 1. Entity Name POLISH EDUCATIONAL AND CULTURAL FOUNDATION, INC.	
---	---

Principal Place of Business 6411 EDGE-O-GROVE CIRCLE ORLANDO, FL 32819	Mailing Address 6411 EDGE-O-GROVE CIRCLE ORLANDO, FL 32819
--	--



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1758208	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BUSH, MARCELL
6411 EDGE-O-GROVE CIRCLE
ORLANDO, FL 32819**

**DO NOT WRITE
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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000775332 01/08/08-80022-025 61.25
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM BUSH, MARCELL 6411 EDGE-O-GROVE CIRCLE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILEWSKI, RICHARD 2741 ROSE MOSS LANE ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DZIUBAN, CHARLES 3505 MERIVALE DRIVE CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODAHOWSKI, WILLIAM 1155 KERWOOD CIRCLE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIJEK, JEAN 114243 WING FOOT RD ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BONCLER, STELLA 7613 PERSIAN CT ORLANDO, FL 32819

**DO NOT WRITE
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: Stella Boncler Treasurer 1-7-2008- 407351-0105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #