

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007400

FILED
Apr 27, 2007
Secretary of State

Entity Name: POLISH SATURDAY SCHOOL, INCORPORATED

Current Principal Place of Business:

2895 ASHTON STR..
SARASOTA, FL 34233 US

New Principal Place of Business:

Current Mailing Address:

5502 EASTWIND DR
SARASOTA, FL 34233 US

New Mailing Address:

3215 ASHTON RD
SARASOTA, FL 34231 US

FEI Number: 65-1150268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CZEERWINSKI, YOLANDA M
4492 GOLDEN LAKE DR
SARASOTA, FL 34233 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: C () Delete
Name: KRUPA, ELIZA
Address: 5262 IMMA CT.
City-St-Zip: SARASOTA, FL 34233

Title: P () Delete
Name: PERKOWSKA, ANNA
Address: 950 SHERER WAY
City-St-Zip: OSPREY, FL 34229

Title: T () Delete
Name: DOBRZYNSKA, RENATA
Address: 87 TULANE RD.
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: WRONSKA, HANNA
Address: 3235 WOODBURY LANE
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: PIASCIK, ANNA
Address: 2351 VINTAGE STR.
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: KOWALIK, MARIOLA
Address: 800 GOLF DR
City-St-Zip: VENICE, FL 34285

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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Address:
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: HANNA WRONSKA

D

04/27/2007

Electronic Signature of Signing Officer or Director

Date