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

DOCUMENT # NO2000007802 1. Entity Name POLISH AMERICAN CONGESS

FILED Apr 29, 2004 8:00 am Secretary of State 04-29-2004 90267 044 ****61.25

HOUSING	FLORID	OF WEST CENT A, INC.	RAL			
DC	NOT WRITE	IN THIS SP	ACE			
2. Principal Place of Bysiness 9190 4964 STREETN 3. Mailing Address 2902 CAPTIV			50	===		
Suite, Apt. #, etc	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.		1 .	O NOT WRITE IN THIS S	SPACE
SINNE FWZ	SPARK, +L	SALASOTA City & State	, f L	A FEIN		The
City & State		City & State		4. FEI Number 89	94303	Applied For Not Applicable
3378Z	Country	34231-6918	Country	5. Certificate of Stat		\$8.75 Additional Fee Required
					s of Current Registered	Agent
	SO HOTH		Name Boq	DAN BERET	znicki	
· ·	DO-NOT- W	KIIL	Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE			2902 CAPTIUM DR			
			City SAR		FL	ZipCode 1
8. The above name	ed entity submits this statement for	or the purpose of changing its r	egistered office or registe	ered agent, or both, in th		miliar with, and accept
loiti	FEE IS \$61.25	9. Election Cam Trust Fund Co	· · · —	\$5.00 May Be Added to Fees	Make Check Florida Depart	CONTROL CONTRO
10.	OFFICERS AND D	RECTORS				
NAME BO	GOAN BEREZNI	icki	TITLE NAME			
	GOL CAPTION D	STREET ADDRESS				
CITY-ST-ZIP.; SI	ARASOTA, PL 3	4231-6918	CITY-ST-ZIP			
NAME STREET ADDRESS H						
TITLE V	ALLY WEST		TITLE			
STREET ADDRESS	504 LOTEN TER	NAME STREET ADDRESS		MOT INDI		
	inne llas Par	<u> </u>	CHY-ST-ZIP	עט	NOT WRI	
TITLE S	RYSTYNA MAR	KUT	TITLE.	IN T	HIS SPAC	E
STREET ADDRESS 12	RYSTYNA MAR 108 S. DUNCA	J AUE	STREET ADDRESS			
CITY-ST-ZIP	LEAR WATER !	-c 33756	CITY-ST-ZIP			
TITLE T	OWARD SAWA		TITLE NAME			
STREET ADDRESS 3	COO MHILE DINE	COURT	STREET ADDRESS			
	ARASOTA PL 3	34238	CITY-ST-ZIP			
NAME AL	CHARD J. JORK	2614	TITLE .			
STREET ADDRESS 63		45 <u>-</u> 7	NAME	表表现的表面更强制,但是是是否的影响的影響的特色的多色的现在分词。	PARTICIPATE A CONTRACTOR AND ADDRESS.	
CITY-ST-ZIP	en foet bicul	L COEST De	STREET ADDRESS CITY-ST-ZIP			

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 on an attachment with an address, with all other like empowered. SUPATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT