

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90345 039 \*\*\*\*61.25

**DOCUMENT # N02000007802**

1. Entity Name  
**POLISH AMERICAN CONGRESS HOUSING  
FOUNDATION, OF WEST CENTRAL FLORIDA, INC.**



Principal Place of Business  
**9190 49TH ST  
N PINELLAS PARK, FL 33782-5228**

Mailing Address  
**2402 CAPTIVA DR.  
SARASOTA, FL 34231-6918**

**DO NOT WRITE IN THIS SPACE**



04082005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**47-0894303**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BEREZNICKI, BOGDAN  
2902 CAPTIVA DR  
SARASOTA, FL 34231-6918**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BEREZNICKI, BOGDAN
STREET ADDRESS	2902 CAPTIVA DR
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	V
NAME	<del>TRELA</del> <b>EUGENE WOJCIECH PERKOWSKI</b>
STREET ADDRESS	<del>409 MANATEE CT, APT 2065</del> <b>9150 SCHERER WAY</b>
CITY-ST-ZIP	<del>VENICE, FL 34285</del> <b>OSPREY, FL 34229</b>
TITLE	V
NAME	WEST, WALLY
STREET ADDRESS	6507 107TH TERR N
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	S
NAME	MARKUT, KRISTYNA
STREET ADDRESS	1208 S DUNCAN AVE.
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	T
NAME	SAWA, EDWARD
STREET ADDRESS	3660 WHITE PINE CT.
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	D
NAME	JORKASKY, RICHARD
STREET ADDRESS	6240 CARDINAL CREST DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655

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IN THIS SPACE**

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:** Bogdan Berznicki **BOGDAN BERZNICKI** 4/8/05 (941) 9222808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #