

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90027 010 \*\*\*\*61.25

**DOCUMENT # N05000008000**

1. Entity Name  
**POLISH YOUTH ORGANIZATION, INC.**



Principal Place of Business  
**2520 MULBERRY DRIVE  
PALM HARBOR, FL 34684**

Mailing Address  
**2520 MULBERRY DRIVE  
PALM HARBOR, FL 34684**

40010000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**20-3299580**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**WIERCIOCH, ADAM  
2520 MULBERRY DRIVE  
PALM HARBOR, FL 34684**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 PD ☐ Delete  
NAME WIERCIOCH, ADAM  
STREET ADDRESS 2520 MULBERRY DRIVE  
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE VTD ☐ Delete  
NAME DABROWSKI, GRZEGORZ  
STREET ADDRESS 2606 - 6TH COURT  
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE VSD ☒ Delete  
NAME PELCZAR, BARBARA  
STREET ADDRESS 2132 GROVE VALLEY AVE  
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME VSD  
STREET ADDRESS ANDRZEJ NOWOSAD  
CITY-ST-ZIP 3300 FOX CHASE CIR 211  
PALM HARBOR FL 34683

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Adam Wiercioch* ADAM WIERCIOCH

1/16/08 727 644 5266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #