

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002218

FILED  
May 24, 2007  
Secretary of State

**Entity Name:** JOHN PAUL II: SCHOOL OF POLISH LANGUAGE & CULTURE, INC.

**Current Principal Place of Business:**

10900 SW 24TH AVE  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

10900 SW 24TH AVE  
GAINESVILLE, FL 32607

**New Mailing Address:**

**FEI Number:** 56-2561095      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ANDRAKA, BARBARA  
10504 SW 17TH PL  
GAINESVILLE, FL 32607      US

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: D      ( ) Delete  
Name: ANDRAKA, MALGORZATA  
Address: 10504 SW 17TH PL  
City-St-Zip: GAINESVILLE, FL 32607

Title: D      ( ) Delete  
Name: ANDRAKA, BARBARA  
Address: 10504 SW 17TH PL  
City-St-Zip: GAINESVILLE, FL 32607

Title: D      ( ) Delete  
Name: ANDRAKA, BOHDAN  
Address: 10504 SW 17TH PL  
City-St-Zip: GAINESVILLE, FL 32607

**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:

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: BARBARA ANDRAKA

VICE

05/24/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date