SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/5/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 PM 3:12

DOCUMENT # **N23267** **(0)**

1. Corporation Name

POLISH LEGION OF AMERICAN VETERANS, U.S.A. DENNIS ORLOSKI POST #184, INC.

Principal Place of Business	Mailing Address
4035 MADISON STREET P.O. BOX 96 ELFERS FL 34680	4035 MADISON STREET P.O. BOX 96 ELFERS FL 34680

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1987
3a. Date of Last Report: 02/28/1994
4. FEI Number: 51-0186682 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~URBANSKI, ROBERT A~~
~~9120 SUFFOLK LANE~~
~~PORT RICHEY FL 34668~~

10. Name and Address of New Registered Agent

81 Name: YANKOWSKI, FELIX W.
82 Street Address (P.O. Box Number is Not Acceptable): 3608 OXFORD DRIVE
83
84 City: HOLIDAY FL 85 Zip Code: 34691

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Felix W. Yankowski FELIX W. YANKOWSKI 6/14/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~SV~~	11 TITLE	T ☑ Change ☐ Addition
NAME	~~KRAWCHUK, MICHAEL J~~	12 NAME	Kosiorowski, Ben
STREET ADDRESS	~~8951 CATALINA DR.~~	13 STREET ADDRESS	4502 Slippery Rock Road
CITY-ST-ZIP	~~PORT RICHEY FL 34668~~	14 CITY-ST-ZIP	New Port Richey, FL 34653
TITLE	FS	21 TITLE	☐ Change ☐ Addition
NAME	KALISZCJK, JOSEPH	22 NAME	
STREET ADDRESS	4933 MYRTLE OAK DR., #23	23 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	24 CITY-ST-ZIP	
TITLE	~~T~~	31 TITLE	S ☑ Change ☐ Addition
NAME	~~GOLEMBIEWSKI, MICHAEL~~	32 NAME	Malkowski, Jerome F.
STREET ADDRESS	~~11022 LINDEN DR.~~	33 STREET ADDRESS	9111 Lunar Lane
CITY-ST-ZIP	~~SPRING HILL FL 34609~~	34 CITY-ST-ZIP	Port Richey, FL 34668
TITLE	TR	41 TITLE	☐ Change ☐ Addition
NAME	RYBOWIAK, WALTER J	42 NAME	
STREET ADDRESS	2961 STOCKWOOD DR.	43 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621	44 CITY-ST-ZIP	
TITLE	~~TR~~ ~~SV~~	51 TITLE	☐ Change ☐ Addition
NAME	PROSNIEWSKI, ZDZISLAW	52 NAME	
STREET ADDRESS	4321 STRAITS LANE	53 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	54 CITY-ST-ZIP	
TITLE	TR	61 TITLE	☐ Change ☐ Addition
NAME	MICHELS, ROGER E	62 NAME	
STREET ADDRESS	5535 TENNESSEE AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ben Kosiorowski - Ben Kosiorowski TREASURER 6-14-95 813-847-5134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
813-849-3063

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