

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N23267 (0)
1. Corporation Name
POLISH LEGION OF AMERICAN VETERANS, U.S.A. DENNIS ORLOSKI POST #184, INC.



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

Mailing Address
**4035 MADISON STREET
P.O. BOX 96
ELFERS FL 34680**

3. Date Incorporated or Qualified
11/02/1987

3a. Date of Last Report
06/20/1995

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**YANKOWSKI, FELIX W
3608 OXFORD DRIVE
HOLIDAY FL 34691**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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** **2/8/96**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	KOSIDROWSKI, BEN	
STREET ADDRESS	4502 SLIPPERY ROCK ROAD	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	FS	<input type="checkbox"/> DELETE
NAME	KALISZCZAK, JOSEPH	
STREET ADDRESS	4933 MYRTLE OAK DR., #23	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MALKOWSKI, JEROME F	
STREET ADDRESS	9111 LUNAR LANE	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	RYBOWIAK, WALTER J	
STREET ADDRESS	2961 STOCKWOOD DR.	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	PROSNIOWSKI, ZDZISLAW	
STREET ADDRESS	4321 STRAITS LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	MICHEL, ROGER E	
STREET ADDRESS	5535 TENNESSEE AVE.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96
Date Daytime Phone #

CR2E037 (12/95)