


FILE NOW: FILING FEE IS \$61.25

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Jun 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34680-0096
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 11/02/1987		3a. Date of Last Report 02/15/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 51-0186682		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent YANKOWSKI, FELIX W 3808 OXFORD DRIVE HOLIDAY FL 34691				10. Name and Address of New Registered Agent			
				81 Name RYBOWIAK WALTER			
				82 Street Address (P.O. Box Number is Not Acceptable) 2961 STOCKWOOD DR			
				83 CLEARWATER			
				84 City FLORIDA			
				85 Zip Code FL 34621			

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.
WALTER RYBOWIAK
4-15-97
SIGNATURE *Walter Rybowiak*

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	T	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOSIDROWSKI, BEN			1.2 NAME	SORCHY, PAUL		
STREET ADDRESS	4502 SUPPERY ROCK ROAD			1.3 STREET ADDRESS	9004 LIDO LANE		
CITY-ST-ZIP	NEW PORT RICHEY FL			1.4 CITY-ST-ZIP	PORT RICHEY, FL 34668		
TITLE	FS	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KALISZCZJK, JOSEPH			2.2 NAME	KALISZCZJK JOSEPH		
STREET ADDRESS	4933 MYRTLE OAK DR., #23			2.3 STREET ADDRESS	4933 MYRTLE OAK DR. #23		
CITY-ST-ZIP	NEW PORT RICHEY FL 34653			2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALKOWSKI, JEROME F			3.2 NAME	MALKOWSKI, JEROME		
STREET ADDRESS	9111 LUNAR LANE			3.3 STREET ADDRESS	9111 LUNAR LANE		
CITY-ST-ZIP	PORT RICHEY FL			3.4 CITY-ST-ZIP	PORT RICHEY, FL 34668-5131		
TITLE	TR	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RYBOWIAK, WALTER J			4.2 NAME	SGT-AT-ARMS & Trustee		
STREET ADDRESS	2961 STOCKWOOD DR.			4.3 STREET ADDRESS	PROSNIENSKI, ZDZISLAW		
CITY-ST-ZIP	CLEARWATER FL 34621			4.4 CITY-ST-ZIP	4321 STRAITS LN		
TITLE	SV	<input type="checkbox"/> DELETE		5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PROSNIENSKI, ZDZISLAW			5.2 NAME	TOMCZAK, EDWARD		
STREET ADDRESS	4321 STRAITS LANE			5.3 STREET ADDRESS	6200 SEAFORD DR.		
CITY-ST-ZIP	NEW PORT RICHEY FL			5.4 CITY-ST-ZIP	HOLIDAY, FL . 34690		
TITLE	TR	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MICHEL, ROGER E			6.2 NAME	GÖSSIC, PETER		
STREET ADDRESS	5535 TENNESSEE AVE.			6.3 STREET ADDRESS	7109 WOODHALL AVE		
CITY-ST-ZIP	NEW PORT RICHEY FL 34652			6.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		

14. I do 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 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.
WALTER RYBOWIAK 4-15-97 813-796-8207

CR2E037 (9/96)