


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 1 Secretary of State DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|

DOCUMENT # **N23267** (0)

1. Corporation Name

**POLISH LEGION OF AMERICAN VETERANS, U.S.A. DENNI
S 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 |

| | |
|-----------------------------------|----------------|
| 3. Date Incorporated or Qualified | 11/02/1987 |
| 4. FEI Number | 51-0186682 |
| Applied For | Not Applicable |

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

| | |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RYBOWIAK, WALTER J.

~~8001 STOCKWOOD DR.~~ 3829 Lighthouse Way
~~SEASIDE WATER FL 34621~~ NEW PORT RICHEY, FL 34652

| | |
|-------------------------------------------------------|----------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL 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

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 | D | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SORCHY, PAUL | 1.2 NAME | |
| STREET ADDRESS | 9004 LIDO LANE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORT RICHEY FL 34668 | 1.4 CITY-ST-ZIP | |
| TITLE | DFO | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KALISZCZAK, JOSEPH | 2.2 NAME | |
| STREET ADDRESS | 4933 MYRTLE OAK DR., #23 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34652 | 2.4 CITY-ST-ZIP | |
| TITLE | DA | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MALKOWSKI, JEROME F | 3.2 NAME | |
| STREET ADDRESS | 9111 LUNAR LANE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORT RICHEY FL 34668 | 3.4 CITY-ST-ZIP | |
| TITLE | T | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PROGNEWOKI, ZDZISLAW | 4.2 NAME | |
| STREET ADDRESS | 4921 STRAITS LANE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | 4.4 CITY-ST-ZIP | |
| TITLE | T | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TOMCZAK, EDWARD | 5.2 NAME | |
| STREET ADDRESS | 6200 SEAFORD DR. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOLIDAY FL 34690 | 5.4 CITY-ST-ZIP | |
| TITLE | T | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOSSIC, PETER | 6.2 NAME | |
| STREET ADDRESS | 7109 WOODHALL AVE. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34652 | 6.4 CITY-ST-ZIP | |

14. I 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.

SIGNATURE: *Walter S Rybowiak* WALTER S RYBOWIAK

3/23/98 (815) 849-3063

CR2E037 (10/97)