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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23267

1. Corporation Name

POLISH LEGION OF AMERICAN VETERANS, U.S.A. DENNIS
S 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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/02/1987

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

9. Name and Address of Current Registered Agent

RYBOWIAK, WALTER J
3829 LIGHTHOUSE WY
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE

NAME SORCHY, PAUL
STREET ADDRESS 9004 LIDO LANE
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE DFO ☐ DELETE

NAME KALISZCZAK, JOSEPH
STREET ADDRESS 4933 MYRTLE OAK DR., #23
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE DA ☐ DELETE

NAME MALKOWSKI, JEROME F
STREET ADDRESS 9111 LUNAR LANE
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE T ☐ DELETE

NAME KOSIOROWSKI, BEN
STREET ADDRESS 4502 SLIPPERY ROCK RD
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE T ☐ DELETE

NAME TOMCZAK, EDWARD
STREET ADDRESS 6200 SEAFORD DR.
CITY-ST-ZIP HOLIDAY FL 34690

TITLE T ☐ DELETE

NAME GOSSIC, PETER
STREET ADDRESS 7109 WOODHALL AVE.
CITY-ST-ZIP NEW PORT RICHEY FL 34652

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: *BEN KOSIOROWSKI*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99 727 849-3063
Date Daytime Phone #

CR2E037 (1/98)