

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 08:00 AM
Secretary of State

DOCUMENT # N23267		
1. Entity 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	
DO NOT WRITE IN THIS SPACE		



01292004 No Chg-NP CR2E037 (10/03)

4. FEI Number 51-0186682	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WOZNAK, RALPH A 13103 CABRAL PL RIVERVIEW, FL 33569	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11000000E4426
 02/24/04-80011-024 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SORCHY, PAUL 9004 LIDO LANE PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KOSIOROWSKI, BEN 4502 SLIPPERY ROCK RD NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RYBOWIAK, WALTER J 3829 LIGHTHOUSE WAY NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GOSSIC, PETER 7109 WOODHALL AVE. NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul C. Sorchy* SR. VICE COR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 2-20-04 (202) 842-4798
 Daytime Phone #