


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # N23267</b> 1. Entity Name POLISH LEGION OF AMERICAN VETERANS, U.S.A. DENNIS ORLOSKI POST #184, INC.	
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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
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DO NOT WRITE IN THIS SPACE



01292004 No Chg-NP CR2E037 (10/03)

4. FEI Number 51-0186682	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  WOZNAK, RALPH A 13103 CABRAL PL RIVERVIEW, FL 33569
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>
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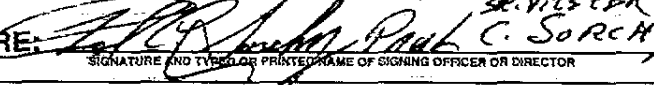
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11000000054426 02/24/04-80011-024 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME 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	

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12. 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	SR. VICE CDR PAUL C. SORCHY 2-20-04 (722) 842-4798
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