2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 8:00 am
Secretary of State
02-06-2008 90021 014 ****61.25

DOCUMENT # N23267

1. Entity Name

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

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3741 BRADFORD DR	P.O. Box 96
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLIDAY, FL 34691	City & State: ELFERS, FL 34680
Zip: 34691 Country: PASCO	Zip: 34680 Country: PASCO

4. FEI Number: 51-0186682 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRISON, EDWARD 4408 WHITTON WAY NEW PORT RICHEY FL 34653	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: EDWARD HARRISON Edward C Harrison 1/28/08
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SORCHY, PAUL 9004 LIDO LANE PORT RICHEY FL 34668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER WOZNIAK, RALPH 13103 GABRAL PL RIVERVIEW FL 33569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RYBOWIAK, WALTER J 3829 LIGHTHOUSE WAY NEW PORT RICHEY FL 34652	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE FRANK BLAS 3864 LIGHTHOUSE WAY NEW PORT RICHEY, FL 34652 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GOSSIC, PETER 7109 WOODHALL AVE. NEW PORT RICHEY FL 34652	☒ Delete Deceased.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE CHESTER LAZOWSKI 1414 WEYFORD LANE HOLIDAY, FL 34691 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE STEVE NEMCOVIC 18325 SKINNER DR. SPRING HILL, FL 34610 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: RALPH A. WOZNIAK 1-26-08 813 671-7048