

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23267

FILED
Jan 06, 2011
Secretary of State

Entity Name: POLISH LEGION OF AMERICAN VETERANS, U.S.A. DENNIS ORLOSKI POST #184, INC.

Current Principal Place of Business:

3852 PRIME PLACE
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

PO BOX 96
ELFERS, FL 34680

New Mailing Address:

FEI Number: 51-0186682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRISON, EDWARD COMDR.
4408 WHITTON WAY
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: HRAPLA, FRANK VICE /C
Address: 6617 PINE WALK CT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: T
Name: WOZNIAK, RALPH A TREAS.
Address: 13103 CABRAL PL
City-St-Zip: RIVERVIEW, FL 33579

Title: T
Name: BLAS, FRANK TRUSTEE
Address: 3864 LIGHTHOUSE WAY
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: T
Name: LAZOWSKI, CHESTER TRUSTEE
Address: 1414 WEYFORD LN
City-St-Zip: HOLIDAY, FL 34691

Title: T
Name: SMIECH, WILLIAM TRUSTEE
Address: 4233 RIDGEFIELD AVE
City-St-Zip: HOLIDAY, FL 34691

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RALPH A. WOZNIAK

TREA

01/06/2011

Electronic Signature of Signing Officer or Director

Date