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

## May 08, 2008 8:00 am Secretary of State DOCUMENT # N94000001683 05-08-2008 90012 048 \*\*\*\*61.25 POLISH AMERICAN CONGRESS OF FLORIDA, INC. Principal Place of Business Mailing Address 935 ROCK ISLAND ROAD NORTH LAUDERDALE FL 33068 P O BOX 223114 HOLLYWOOD FL 33022-114 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 36-2732228 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZIGGY, CHARS Street Address (P.O. Box Number is Not Acceptable) 1270 SW 28TH WAY FT LAUDERDALE FL 33312 Zip Code FI 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typed or printed nadre of registered agent and title if applicable, (NOTE: Repistered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State \*\*\*\*\*\*\*\* 10. OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE P. Temporarily ☐ Change Addition SCHWARTZMAN, JOLANTA CHARS J.Ziggy 1270 SW 28th WAY FT.LAUDERDALE, FL.33312 NAME NAME RESIGN -STREET ADDRESS 5300 WOODLAND BLVD STREET ADDRESS TAMARAC FL 33319 CITY-ST-ZIP CITY-ST-ZIP SD ☐ Delate TITLE Change ☐ Addition PARADOWSKI, CHESTER NAME 6981 W COMMERCIAL BLVD STREET ADDRESS STREET ADDRESS TAMARAC FL 33319 CITY-ST-7IP CITY-ST-ZIP TD TITLE ☐ Delete TITLE ☐ Change ☐ Addition STEVENS, ELIZABETH MAME MAME STREET ADDRESS 2701-3 EAST ARAGON BLVD STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33313 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SZCZEPKOWSKI, ERYK NAME NAME STREET ADDRESS 1700 ADAMS ST STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition SHAW, GRACE NAME 2575 GARDEN COURT STREET AUDRESS STREET ADDRESS CITY-ST-ZIP COOPER CITY FL 33026 CITY-ST-ZiP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

ZIGEY (HARS 04-21-08 954-792-

FILED