

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000004658 (0)**

1. Corporation Name

POLISH NATIONAL ALLIANCE LODGE #3216, INC.



Principal Place of Business

Mailing Address

**1155 KERWOOD CIRCLE
OVIEDO FL 32765**

**1155 KERWOOD CIRCLE
OVIEDO FL 32765**

3. Date Incorporated or Qualified
09/19/1994

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21 12814 FORESTAGE CIL

26 12814 FORESTAGE CIL

4. FEI Number

51-0143603

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 ORLANDO, FLORIDA

28 ORLANDO, FLORIDA

Zip

Country

Zip

Country

24 32828-8608

25 ORANGE

29 32828-8608

30 ORANGE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ODAHOWSKI, WILLIAM J
1155 KERWOOD CIRCLE
OVIEDO FL 32765**

81 Name

EDWARD J. DABROWSKI

82

Street Address (P.O. Box Number is Not Acceptable)

83

12814 FORESTAGE CIL

84

City

ORLANDO

FL

85 Zip Code

32828-8608

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Edward J. Dabrowski*

EDWARD J. DABROWSKI 1-18-96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YURCISIN, BERNICE	
STREET ADDRESS	2007 BEATRICE DR.	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MISIUR, MATHEW	
STREET ADDRESS	5143 LAZY LAKE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ODAHOWSKI, WILLIAM J	
STREET ADDRESS	1155 KERWOOD CIRCLE	
CITY-ST-ZIP	OVIEDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RABER, HELEN	
STREET ADDRESS	902 FERNDILL RD.	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TOME, HATTIE	
STREET ADDRESS	5309 FERNHILL CT.	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SKOWRON, WALTER	
STREET ADDRESS	2718 ENVIRONS BLVD.	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SITAK, JOHN	
1.3 STREET ADDRESS	2406 EUSTON ROAD	
1.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ODAHOWSKI, HARRY JO	
4.3 STREET ADDRESS	1155 KERWOOD CIL	
4.4 CITY-ST-ZIP	OVIEDO, FL 32765-6194	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DIB HENRYKA	
5.3 STREET ADDRESS	14119 DEVID RD	
5.4 CITY-ST-ZIP	HAITLAND, FL 32751-4226	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward J. Dabrowski*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96

Date

407-380-3165

Daytime Phone #

CR2E037 (12/95)