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Jan 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004658 (0)**

1. Corporation Name

POLISH NATIONAL ALLIANCE LODGE #3216, INC.

Principal Place of Business	Mailing Address
12814 FORESTAGE CIR ORLANDO FL 32828-6608 US	12814 FORESTAGE CIR ORLANDO FL 32828 US
<i>12814 FORESTEDGE CR 0 SAME</i>	



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 <i>ORLANDO FL</i>	28 <i>ORLANDO FL</i>
24 Zip	25 Country
24 <i>32828</i>	25 <i>ORANGE</i>
29 Zip	30 Country
29 <i>32828</i>	30 <i>ORANGE</i>

3. Date Incorporated or Qualified	3a. Date of Last Report
<i>09/19/1994</i>	<i>01/24/1996</i>
4. FEI Number	Applied For
<i>51-0143603</i>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DADROWSKI, EDWARD J
1155 KERWOOD CIRCLE
12814 FORESTAGE CIR.
ORLANDO FL 32828

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 Dadrowski* DATE *1/7/97*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SITAK, JOHN	1.2 NAME	
STREET ADDRESS	2406 EUSTON ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MISIUR, MATHEW	2.2 NAME	<i>MARIA SUDNICKI</i>
STREET ADDRESS	5143 LAZY LAKE CIRCLE	2.3 STREET ADDRESS	<i>3240 PINTO DR.</i>
CITY-ST-ZIP	ORLANDO FL 32821	2.4 CITY-ST-ZIP	<i>KISSIMMEE, FL 34746-4800</i>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODAHOWSKI, WILLIAM J	3.2 NAME	
STREET ADDRESS	1155 KERWOOD CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODAHOWSKI, MARY JO	4.2 NAME	
STREET ADDRESS	1155 KERWOOD CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRYKA, D-B DEEB	5.2 NAME	
STREET ADDRESS	14119 DRUID RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKOWRON, WALTER	6.2 NAME	
STREET ADDRESS	2718 ENVIRONS BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	

14. I do 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 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 Dadrowski* DATE: *1/7/97* (407) 380-3165

CR2E037 (9/96)