

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90041 019 \*\*\*\*70.00

**DOCUMENT # N94000004658**

1. Entity Name  
POLISH NATIONAL ALLIANCE LODGE #3216, INC.



Principal Place of Business  
1155 KERWOOD CIRCLE  
OVIEDO, FL 32765-6194

Mailing Address  
1155 KERWOOD CIRCLE  
OVIEDO, FL 32765-6194

34003606



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
51-0143603

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

ODAHOWSKI, WILLIAM J  
1155 KERWOOD CIRCLE  
OVIEDO, FL 32765-6194

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

TITLE  
NAME TD  
STREET ADDRESS BONCLER, STELLA  
CITY-ST-ZIP 7613 PERSIAN CT  
ORLANDO, FL 328194629 ☐ Delete

TITLE  
NAME VD  
STREET ADDRESS KNOWLES, LARRY  
CITY-ST-ZIP 603 LAKE SPUR LANE  
ALTAMONTE SPRINGS, FL 32714 ☒ Delete

TITLE  
NAME D  
STREET ADDRESS LEA, HANNA  
CITY-ST-ZIP 806 RIVER BOAT CIRCLE  
ORLANDO, FL 328289111 ☐ Delete

TITLE  
NAME D  
STREET ADDRESS FLISS, ALBERT  
CITY-ST-ZIP 604 WEBSTER AVENUE  
ALTAMONTE SPRINGS, FL 327016315 ☐ Delete

TITLE  
NAME PD  
STREET ADDRESS ODAHOWSKI, WILLIAM J  
CITY-ST-ZIP 1155 KERWOOD CIRCLE  
OVIEDO, FL 327656194 ☐ Delete

TITLE  
NAME VD  
STREET ADDRESS BAKER, ESTELLE  
CITY-ST-ZIP 536 WEST WINTER PARK STREET  
ORLANDO, FL 32804 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME RAYMOND GRONSKI  
STREET ADDRESS 1300 LAKE ROGERS CIRCLE  
CITY-ST-ZIP OVIEDO FL 32765 ☐ Change ☒ Addition

TITLE D  
NAME GRACE EBAUGH  
STREET ADDRESS 3206 NETHERWOOD DR  
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Change ☒ Addition

TITLE D  
NAME IRENE FLISS  
STREET ADDRESS 604 WEBSTER ST  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☐ Change ☒ Addition

TITLE SD  
NAME MARCELLA BUSH  
STREET ADDRESS 6411 EDGE-O-GROVE CIRCLE  
CITY-ST-ZIP ORLANDO FL 32819 ☐ Change ☒ Addition

TITLE VD  
NAME MARY JO ODAHOWSKI  
STREET ADDRESS 1155 KERWOOD CIRCLE  
CITY-ST-ZIP OVIEDO FL 32765-6194 ☐ Change ☒ Addition

12. I 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TD

2-01-04

407-351-0105