


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90060 018 \*\*\*\*70.00

<b>DOCUMENT # N94000004658</b> 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 51-0143603	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BONCLER, STELLA <input type="checkbox"/> Delete 7613 PERSIAN CT ORLANDO, FL 328194629		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYMOND, GRONSKI <input type="checkbox"/> Delete 1300 LAKE ROGERS CIR OVIEDO, FL 32765		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEJA, HANNA <input checked="" type="checkbox"/> Delete 806 RIVER BOAT CIRCLE ORLANDO, FL 328289111		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRACE EBAUGH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3206 NETHERWOOD DRIVE WINTER PARK FL 32792-6600	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLISS, ALBERT <input type="checkbox"/> Delete 604 WEBSTER AVENUE ALTAMONTE SPRINGS, FL 327016315		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ODAHOWSKI, WILLIAM J <input type="checkbox"/> Delete 1155 KERWOOD CIRCLE OVIEDO, FL 327656194		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODAHOWSKI, MARY JO <input type="checkbox"/> Delete 1155 KERWOOD CIR OVIEDO, FL 327656194		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Stella Boncler</i> <b>STELLA BONCLER TD</b>			2-3-06 407-351-0105		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		



ATTACHMENT  
60011809

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

Document Number: N94000004658  
Business Entity Name: Polish National Alliance Lodge 3216, INC.  
Original File Date: 09/19/1994

**Additional Officer/Director Name and Address**

Title: V

Name: Larry Knowles  
Address: 603 Lakespur Lane  
City-St-Zip: Altamonte Springs FL 32714-7401

Title: V/D

Name: Susan Knowles  
Address: 603 Lakespur Lane  
City-St-Zip: Altamonte Springs FL 32714-7401