



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90088 012 \*\*\*\*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 - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">40009816</div>  <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span>01092007</span> <span>Chg-NP</span> <span>CR2E037 (12/06)</span> </div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 51-0143603		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>  ODAHOWSKI, WILLIAM J 1155 KERWOOD CIRCLE OVIEDO, FL 32765-6194				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City	
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 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BONCLER, STELLA 7613 PERSIAN CT ORLANDO, FL 328194629 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOBINSKI, ALICE 802 RIVER BOAT CIRCLE ORLANDO FL 32828-9112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYMOND, GRONSKI 1300 LAKE ROGERS CIR OVIEDO, FL 32765 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUSH, MARCELLA 6411 EDGE-O-GROVE CIRCLE ORLANDO FL 32819 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUGH, GRACE G 3206 NETHERWOOD DR WINTER PARK, FL 327926600 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	EBAUGH, GRACE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLISS, ALBERT 604 WEBSTER AVENUE ALTAMONTE SPRINGS, FL 327016315 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEMETHY, JOHN 4009 POINT REYES CT O FL 32817-3802 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ODAHOWSKI, WILLIAM J 1155 KERWOOD CIRCLE OVIEDO, FL 327656194 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	1155 KERWOOD CIRCLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODAHOWSKI, MARY JO 1155 KERWOOD CIR OVIEDO, FL 327656194 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SROKOSZ, EUGENIA 945 PONYTAIL PALMS CIRCLE OVIEDO FL 32765-7658 <input type="checkbox"/> Change <input checked="" 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> <u>Stella Boncler TD</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>2-1-2007</u> Daytime Phone # <u>407-351-0105</u>	
<b>STELLA BONCLER</b>					