

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004658

FILED
Jan 19, 2009
Secretary of State

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

Current Principal Place of Business:

1155 KERWOOD CIRCLE
OVIEDO, FL 327656194

New Principal Place of Business:

Current Mailing Address:

1155 KERWOOD CIRCLE
OVIEDO, FL 327656194

New Mailing Address:

FEI Number: 51-0143603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ODAHOWSKI, WILLIAM J
1155 KERWOOD CIRCLE
OVIEDO, FL 327656194 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BONCLER, STELLA
Address: 7613 PERSIAN CT
City-St-Zip: ORLANDO, FL 328194629

Title: D () Delete
Name: BOBINSKI, ALICE
Address: 802 RIVER BOAT CIRCLE
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: EBAUGH, GRACE
Address: 3206 NETHERWOOD DR
City-St-Zip: WINTER PARK, FL 327926600

Title: SD () Delete
Name: BUSH, MARCELLA
Address: 6411 EDGE-O-GROVE CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: ODAHOWSKI, WILLIAM J
Address: 1155 KERWOOD CIRCLE
City-St-Zip: OVIEDO, FL 327656194

Title: D () Delete
Name: ODAHOWSKI, MARY JO
Address: 1155 KERWOOD CIR
City-St-Zip: OVIEDO, FL 327656194

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STELLA BONCLER

TD

01/19/2009

Electronic Signature of Signing Officer or Director

Date