


FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004201 (8)**

1. Corporation Name

**POLISH CENTER OF JOHN PAUL II, INC.**

Principal Place of Business

Mailing Address

**1521 NORTH SATURN AVE.  
CLEARWATER FL 34615**

**1521 NORTH SATURN AVE.  
CLEARWATER FL 34615-2922**



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified <b>09/01/1995</b>		3a. Date of Last Report <b>05/01/1996</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>59-3335866</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOROBEC, EUGENE  
1162 FAY AVE.  
LARGO FL 34641**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOROBEC, EUGENE</b>	1.2 NAME	
STREET ADDRESS	<b>1162 FAY AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL 34641</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WIAK, KRZYSZTOF</b>	2.2 NAME	
STREET ADDRESS	<b>210 14TH AVE. S.W.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL 34640</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOWALSKI, RYSZARD JAN</b>	3.2 NAME	
STREET ADDRESS	<b>8382 121ST AVE. NORTH</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL 34643</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAWCZAK, STANLEY</b>	4.2 NAME	
STREET ADDRESS	<b>9687 108TH AVE. NORTH</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEMINOLE FL 34643</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRZEPICZYNSKI, JANINA M</b>	5.2 NAME	
STREET ADDRESS	<b>3632 BENSON AVE. NORTH</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33713</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRZOSTEK, YOLANTA</b>	6.2 NAME	
STREET ADDRESS	<b>3927 ORCHARD HILL CIR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	6.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	7.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CIEGLUK JAN</b>	7.2 NAME	
STREET ADDRESS	<b>1352 FRIEND AVE</b>	7.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 34641</b>	7.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	8.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRZERUNIAK LEOKADIA</b>	8.2 NAME	
STREET ADDRESS	<b>5724 103TH AVE. N.</b>	8.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PINELLAS PARK FL 33782</b>	8.4 CITY-ST-ZIP	
TITLE	<b>D</b>	9.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRZYCHODZEN BUNIA</b>	9.2 NAME	
STREET ADDRESS	<b>3076 KAPOK KOVE DR.</b>	9.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 34619</b>	9.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	10.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUBICKI STANISLAWA</b>	10.2 NAME	
STREET ADDRESS	<b>9210 MARK TWAIN LN</b>	10.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	10.4 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: \_\_\_\_\_ DATE: **4-19-97** DAYTIME PHONE: **298-8609**

CR2E037 (9/96)