

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

98 OCT 22 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amendment - Page 1 of 2

800002675018--4

-10/28/98-01088-018

*****61.25 *****61.25

3. Date Incorporated or Qualified 09/01/1995

4. FEI Number 59-3335866

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name
POLISH CENTER OF JOHN PAUL II, INC.

Principal Place of Business Mailing Address
1521 NORTH SATURN AVE.
CLEARWATER, FL. 33758 SAME

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
81 Name JERZY PYZ
82 Street Address (P.O. Box Number is Not Acceptable)
83 5071 10th Ave. N.
84 City ST. PETERSBURG FL 85 Zip Code 33710

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 JERZY PYZ
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	JERZY PYZ
STREET ADDRESS		1.3 STREET ADDRESS	5071 10th Ave. N.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	St. Petersburg, Fl. 33710 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	LEOPOLD OSINSKI
STREET ADDRESS		2.3 STREET ADDRESS	929 S.DAKOTA
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TAMPA, FL. 33606
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	RICHARD T. GLOWACKI
STREET ADDRESS		3.3 STREET ADDRESS	224 Elmwood Circle
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Seminole, Fl. 33777
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	ZOFIA OGRODNY
STREET ADDRESS		4.3 STREET ADDRESS	415 Coronado Dr.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Clearwater, Beach, Fl. 33767 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	MAREK BIEDAL
STREET ADDRESS		5.3 STREET ADDRESS	7267 Orkney Ave. N
CITY-ST-ZIP		5.4 CITY-ST-ZIP	St. Petersburg, Fl. 33709
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	KRYSTYNA ISKRA
STREET ADDRESS		6.3 STREET ADDRESS	1733 Casey Jones CT.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Clearwater, Fl. 33765

14. 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 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: Richard T. Glowacki Richard T. Glowacki 10-19-98 727-397-0469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)

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10. Name and Address of New Registered Agent

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SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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