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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

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1. Corporation Name

POLISH CENTER OF JOHN PAUL II, INC.

Principal Place of Business

1521 NORTH SATURN AVE.
CLEARWATER FL 33758

Mailing Address

1521 NORTH SATURN AVE.
CLEARWATER FL 33758



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/01/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3335866

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PYZ, JERZY
5071 10TH AVE. N.
ST. PETERSBURG FL 33710

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME PYZ, JERZY

STREET ADDRESS 5071 10TH AVE. N.

CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE VD ☐ DELETE

NAME OSINSKI, LEOPOLD

STREET ADDRESS 929 S. DAKOTA

CITY-ST-ZIP TAMPA FL 33606

TITLE TD ☐ DELETE

NAME GLOWACKI, RICHARD T

STREET ADDRESS 224 ELMWOOD CIRCLE

CITY-ST-ZIP SEMINOLE FL 33777

TITLE SD ☐ DELETE

NAME OGRODNY, ZOFIA

STREET ADDRESS 415 CORONADO DR.

CITY-ST-ZIP CLEARWATER BEACH FL 33767

TITLE D ☐ DELETE

NAME BIEDAL, MAREK

STREET ADDRESS 7267 ORKNEY AVE. N.

CITY-ST-ZIP ST. PETERSBURG FL 33709

TITLE D ☐ DELETE

NAME ISKRA, KRYSZYNA

STREET ADDRESS 1733 CASEY JONES CT.

CITY-ST-ZIP CLEARWATER FL 33765

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Richard T. Glowacki RICHARD T. GLOWACKI 4-29-99 (727) 397-0496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)