

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90050 007 ****61.25

DOCUMENT # N95000004201

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3335866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLOWACKI, ANDREW
3958 TALAH DRIVE
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name GLOWACKI RICHARD T.

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

224 ELMWOOD CIR.

City SEMINOLE

FL

Zip Code 33777

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 GLOWACKI RICHARD T. Richard T. Glowacki President 2-20-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GLOWACKI, ANDREW	
STREET ADDRESS	3958 TALAH DRIVE.	
CITY-ST-ZIP	ST. PETERSBURG FL 34684	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BERESNIEWICZ, JOLANTA	
STREET ADDRESS	3816 104 AVE N	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	OGRODNY, ZOFIA	
STREET ADDRESS	140 BRIGHT WATER DR	
CITY-ST-ZIP	CLEARWATER BEACH FL 33767	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAROWSKI, ZYGMUNT	
STREET ADDRESS	1160 BLUFFS CIRCLE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRZYCHODZEN, BUNIA	
STREET ADDRESS	3076 KAROK KOVE DR	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	D	<input type="checkbox"/> Delete
NAME	WLADYSLAW, KOT	
STREET ADDRESS	335 S HIGHLAND AVE	
CITY-ST-ZIP	CLEARWATER FL 33765	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOWACKI RICHARD T.	
STREET ADDRESS	224 ELMWOOD CIR.	
CITY-ST-ZIP	SEMINOLE FL. 33777	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZASADNA JOLANTA	
STREET ADDRESS	3816 104 AVE. N.	
CITY-ST-ZIP	CLEARWATER FL. 33762	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WLEKLIK ZBIGNIEW	
STREET ADDRESS	2276 WINCHESTER DR.	
CITY-ST-ZIP	PALM HARBOR FL. 34683	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBSKA ANTONINA	
STREET ADDRESS	11476 62ND AVE. N.	
CITY-ST-ZIP	SEMINOLE FL. 33777	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIESLUK JAN	
STREET ADDRESS	1352 FRIEND AVE.	
CITY-ST-ZIP	CLEARWATER FL. 33756	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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.

SIGNATURE: Richard T. Glowacki RICHARD T. GLOWACKI PRESIDENT 2-20-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #