

2006 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90159 040 ****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

50009435



03062006 Chg-NP CR2E037 (11/05)

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

JOLANTA, ZASADNA
3816 104 AVE. NORTH
CLEARWATER, FL 33762

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Signature, typed or printed name of registered agent and title (face copy).

(NOTE: Registered Agent Signature required when changing)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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	☐ Delete
NAME	JOLANTA, ZASADNA	
STREET ADDRESS	3816 10 AVE. NORTH	
CITY ST ZIP	CLEARWATER, FL 33762	
TITLE	VD	☐ Delete
NAME	STANISLAWA, KUBICKA	
STREET ADDRESS	9310 MARK TWAIN LANE	
CITY ST ZIP	PORT RICHEY, FL 34668	
TITLE	VD	☐ Delete
NAME	KAZIMIERZ, JANCZEWSKI	
STREET ADDRESS	8143 ROYAL HART DRIVE	
CITY ST ZIP	NEW PORT RICHEY, FL 34653	
TITLE	SP	☐ Delete
NAME	LUCYNA, BIL	
STREET ADDRESS	1301 FAIR CT	
CITY ST ZIP	TARPON SPRINGS, FL 34689	
TITLE	D	☐ Delete
NAME	BUNIA, PRZYCHODZEN	
STREET ADDRESS	3076 KAPOK KOVE DRIVE	
CITY ST ZIP	CLEARWATER, FL 33759	
TITLE	D	☐ 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	☒ Change ☐ Addition
NAME	RICHARD DAMSZEL	
STREET ADDRESS	1479 S. MARTIN LUTHER KING	
CITY ST ZIP	CLEARWATER FL 33756	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE	VD	☒ Change ☐ Addition
NAME	JAN SZUMSKI	
STREET ADDRESS	601 STARKEY RD. #297	
CITY ST ZIP	LARGO FL 33771	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE	D	☒ Change ☐ Addition
NAME	D. ZDZISLAWA WLEKLIK	
STREET ADDRESS	1403 OLEANDER DR.	
CITY ST ZIP	TARPON SPRINGS, FL 34689	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 a: other like empowered.

SIGNATURE:

R. Damszel

RICHARD DAMSZEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Print the Name

PRESIDENT