

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90198 039 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3335866	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAMSZEL, RICHARD 1479 S. MARTIN LUTHER KING DR. CLEARWATER, FL 33756				Name ROMAN KAZNOWSKI Street Address (P.O. Box Number is Not Acceptable) 1014 OSPRAY COURT City DUNEDIN FL 34698	
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: <i>R. Kaznowski</i> PRESIDENT ROMAN KAZNOWSKI 4-8-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CHABEREK, ELZBIETA 235 28TH AVENUE SAINT PETERSBURG, FL 33704	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STANISLAWA, KUBICKA 9310 MARK TWAIN LANE PORT RICHEY, FL 34668	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SZUMSKI, JAN 601 STARKEY RD #297 LARGO, FL 33771	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP LUCYNA, BIL 1301 FAIR CT TARPON SPRINGS, FL 34689	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS FRANKOWSKI, IRENE 3301 ALT 19N LOT # 123 DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WLADYSLAW, KOT 335 S HIGHLAND AVE CLEARWATER, FL 33765	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARD T. GLOWACKI 224 ELMWOOD CIR SEMINOLE FL 33777	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP ZYGMUNT KARWOWSKI 1160 BLUFFS CIR DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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 all other like empowered.					
SIGNATURE: <i>Richard T. Glowacki</i> Richard T. Glowacki					
Date 4-8-08 Daytime Phone # (727) 397-0469					