

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90906 009 \*\*\*\*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



☐ CHECK HERE IF MAKING CHANGES

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

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>GLOWACKI, ANDREW</b>	
STREET ADDRESS	<b>3958 TALAH DRIVE</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 34684</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>BERESNIEWICZ, JOLANTA</b>	
STREET ADDRESS	<b>3818 104 AVE N</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33762</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>OGRODNY, ZOFIA</b>	
STREET ADDRESS	<b>140 BRIGHT WATER DR</b>	
CITY-ST-ZIP	<b>CLEARWATER BEACH FL 33767</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KARWOWSKI, ZYGMUNT</b>	
STREET ADDRESS	<b>1160 BLUFFS CIRCLE</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PRZYCHODZEN, BUNIA</b>	
STREET ADDRESS	<b>3078 KAROK KOVE DR</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33759</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WLADYSLAW, KOT</b>	
STREET ADDRESS	<b>335 S HIGHLAND AVE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33765</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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:

*Andrzej Glowacki*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-7-03 727-298-8609**