2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2009
Secretary of State

DOCUMENT# N99000001393

Entity Name: POLISH ARMY VETERANS ASSOCIATION OF AMERICA, INC. POST NO. 210

Current Principal Place of Business:

C/O POLISH CENTER
1521 N SATURN AVE
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

C/O POLISH CENTER
1521 N SATURN AVE
CLEARWATER, FL 33755 US

New Mailing Address:

C/O POLISH CENTER
1521 N SATURN AVE
CLEARWATER, FL 33755

FEI Number: 59-3510236 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SAWKO, JAN
5228 LANDOVER BLVD
BROOKSVILLE, FL 34609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: SAWKO, JAN
Address: 5228 LANDOVER BLVD
City-St-Zip: SPRING HILL, FL 34609

Title: T ( ) Delete
Name: CHWASTEK, ZOFIA
Address: 526 HARNOR DRIVE NORTH
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D ( ) Delete
Name: WISNIEWSKI, HENRY
Address: 4995 BAY ST. NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: D ( ) Delete
Name: RZONCA, JULIAN
Address: 5440 8 AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZOFIA CHWASTEK T 05/07/2009
Electronic Signature of Signing Officer or Director — Date