


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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| DOCUMENT # N99000001393 | |  |
| 1. Entity Name POLISH ARMY VETERANS ASSOCIATION OF AMERICA, INC. POST NO. 210 | | |

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| Principal Place of Business C/O POLISH CENTER 1521 N SATURN AVE CLEARWATER FL 33755 | Mailing Address C/O POLISH CENTER 1521 N SATURN AVE CLEARWATER FL 33755 US |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 59-3510236 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

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|--|--|---|--|
| 6. Name and Address of Current Registered Agent SAWKO, JAN 5228 LANDOVER BLVD BROOKSVILLE FL 34609 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 _____ DATE _____
(Signature typed or printed name of registered agent and true principal of corporation) (NOTE: Registered Agent signature required when re-registering)

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| FILE NOW: 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PC SAWKO, JAN 5228 LANDOVER BLVD SPRING HILL FL 34609 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 800181325408 05/25/10--01002--023 **61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CHWASTEK, ZOFIA 526 HARNOR DRIVE NORTH INDIAN ROCKS BEACH FL 33785 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WISNIEWSKI, HENRY 4995 BAY ST. NE SAINT PETERSBURG FL 33703 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS/29 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RZONCA, JULIAN 5440 8 AVE N SAINT PETERSBURG FL 33710 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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 Section 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: *Jan Sawko* **JAN SAWKO**

FILED

10 MAY 24 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/07)