


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90293 033 ****61.25

DOCUMENT # N99000003603	
1. Entity Name POLISH AMERICAN CONGRESS FLORIDA WEST CENTRAL DIVISION INC.	

Principal Place of Business 9190 49th St. N. Pinellas Park, FL 33782	Mailing Address 9190 49th St. N. Pinellas Park, FL 33782
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DO NOT WRITE IN THIS SPACE



04272006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3603214	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
BEREZNICKI, BOGDAN 2902 CAPTIVA DRIVE SARASOTA, FL 34231-6918	Mr. Wallace West 6507 107th Ter Pinellas Park, FL 33782

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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 *W. M. West* (NOTE: Registered Agent signature required when reinstating) DATE 04-26-06

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEREZNICK, BOGDAN 2902 CAPTIVA DRIVE SARASOTA, FL 34231691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TWAROWSKI, GREGORY 981 CALOOSA DRIVE SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEST, WALLY 9190 49TH STREET N. PINELLAS PARK, FL 337825228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARKUT, KRISTYNA 12087 S DUNCAN AVE. CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLOWACKI, RICHARD 224 ELMWOOD CR. SEMINOLE, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WIELGUS, STANLEY 3645 ROCK ROYAL DR. HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORKASKY, RICHARD J 6240 CARDINAL CREST DR. NEW PORT RICHEY, FL 34655

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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: *W. M. West* 04-26-06 727 541-7875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #