

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90021 004 ****61.25

DOCUMENT # N99000003610 1. Entity Name GENERAL CASIMIR PULASKI, POST 204, THE POLISH LEGION OF AMERICAN VETERANS, U.S.A., INC.					
Principal Place of Business DAV HALL ORANGE CITY, FL 32763			Mailing Address PO BOX 6541 ORANGE CITY, FL 32763		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KAMINSKI, ROBERT J 1460 E LOMBARDY DR DELTONA, FL 32725				Name Michael F. Skrzypczak Street Address (P.O. Box Number is Not Acceptable) 1745 BAVON Drive City Deltona FL Zip Code 32725	
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 C. Michael F. Skrzypczak <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Michael F Skrzypczak <small>(NOTE: Registered Agent signature required when re-registering)</small>		DATE 7/19/05	
Filing Fee is \$61.25 Due by September 7, 2005		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	C <input type="checkbox"/> Delete		TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAMINSKI, ROBERT J		NAME	SKRZYPCZAK, MICHAEL F.	
STREET ADDRESS	1460 E LOMBARDY		STREET ADDRESS	1745 BAVON DRIVE	
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP	DELTONA, FL 32725	
TITLE	SRC <input type="checkbox"/> Delete		TITLE	SRC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRZYPCAK, MICHAEL F		NAME	KAMINSKI, ROBERT J	
STREET ADDRESS	1745 BAVON DRIVE		STREET ADDRESS	1460 LOMBARDY	
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP	DELTONA, FL 32725	
TITLE	JRC <input type="checkbox"/> Delete		TITLE	JRC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, WILLIAM		NAME	ANDERSEN, WILLIAM	
STREET ADDRESS	2025 E BARLINGTON DR		STREET ADDRESS	2025 E BARLINGTON DR	
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP	DELTONA, FL 32725	
TITLE	3YT <input type="checkbox"/> Delete		TITLE	3YT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUKOWSKI, LAWRENCE		NAME	ORAVETZ, EDWARD J	
STREET ADDRESS	3171 PIGEON COVE.		STREET ADDRESS	1912 E CHAPEL DRIVE	
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	2YT <input checked="" type="checkbox"/> Delete		TITLE	2YT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZELLINGER, JOHN		NAME	BUKOWSKI, LAWRENCE	
STREET ADDRESS	2359 MONTANO STREET		STREET ADDRESS	3171 PIGEON COVE	
CITY-ST-ZIP	DELTONA, FL 32738		CITY-ST-ZIP	DELTONA, FL 32725	
TITLE	1YT <input type="checkbox"/> Delete		TITLE	1YT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ORAVETZ, EDWARD J		NAME	ZIARNIK, JOHN G	
STREET ADDRESS	1912 E CHAPEL DRIVE		STREET ADDRESS	307 WATERFORD HTS	
CITY-ST-ZIP	DELTONA, FL 32738		CITY-ST-ZIP	DEBARY, FL 32713	
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: MICHAEL F. SKRZYPCZAK Michael F Skrzypczak 386-789-5375 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Daytime Phone #</small>					

ATTACHMENT



50057052

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 23, 2005

GENERAL CASIMIR PULASKI, POST 204, THE POLISH LEGION OF
PO BOX 6541
DELTONA, FL 32728

SUBJECT: GENERAL CASIMIR PULASKI, POST 204, THE POLISH LEGION
OF AMERICAN VETERANS, U.S.A., INC.
Ref. Number: N99000003610

We have received your document for GENERAL CASIMIR PULASKI, POST 204, THE POLISH LEGION OF AMERICAN VETERANS, U.S.A., INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 705A00042994