

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003610

FILED
Apr 06, 2009
Secretary of State

Entity Name: GENERAL CASIMIR PULASKI, POST 204, THE POLISH LEGION OF AMERICAN VETERANS,
U.S.A., INC.

Current Principal Place of Business:

DAV HALL
301 BLUE SPRING RD
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

PO BOX 6541
DELTONA, FL 327286541

New Mailing Address:

FEI Number: 59-3585683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENSING, HENRY J
935 VERCELLA STREET
DELTONA, FL 327253535 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: SVC () Delete
Name: KAMINSKI, ROBERT J
Address: 1460 E LOMBARDY
City-St-Zip: DELTONA, FL 32725

Title: C () Delete
Name: STRZYPCAK, MICHAEL F
Address: 1745 BAVON DRIVE
City-St-Zip: DELTONA, FL 32725

Title: JRVC () Delete
Name: KRAWCZYNSKI, STANLEY
Address: 1135 CALDWELL AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: 2YT () Delete
Name: BUKOWSKI, LAWRENCE
Address: 3171 PIGEON COVE.
City-St-Zip: DELTONA, FL 32725

Title: T () Delete
Name: DENSING, HENRY J SR
Address: 435 VERCELL ST.
City-St-Zip: DELTONA, FL 32725

Title: 3YT () Delete
Name: ORAVETZ, EDWARD J
Address: 1912 E CHAPEL DRIVE
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: C (X) Change () Addition
Name: SKRZYPCZAK, MICHAEL F
Address: 1745 BAVON DRIVE
City-St-Zip: DELTONA, FL 32725

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: MICHAEL F. SKRZYPCZAK

C

04/06/2009

Electronic Signature of Signing Officer or Director

Date