

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90195 006 \*\*\*\*66.25

**DOCUMENT # N99000003821**

1. Entity Name

POLISH-SLAVIC CHARITABLE ASSOCIATION, INC.



Principal Place of Business

1850 N.E. 169 ST., APT. 404  
N. MIAMI FL 33162

Mailing Address

1850 N.E. 169 ST., APT. 404  
N. MIAMI FL 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1656797

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLUCZ, JERZY  
1850 N.E. 169 ST., APT. 404  
N. MIAMI FL 33162

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☒

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME KLUCZ, JERZY  
STREET ADDRESS 1850 N.E. 169 ST., APT. 404  
CITY-ST-ZIP N. MIAMI FL 33162

TITLE DV ☐ Delete  
NAME REGN, MARYLA  
STREET ADDRESS 17021 N BAY RD APT 519  
CITY-ST-ZIP N MIAMI BEACH FL 33160

TITLE DVS ☐ Delete  
NAME ALICJA, BOGUSKI  
STREET ADDRESS 7150 INDIAN CREEK DR. APT. 206  
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE DT ☐ Delete  
NAME THOMAS, ROBERT  
STREET ADDRESS 1155 MARSEILLE DR, APT 31  
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE D ☒ Delete  
NAME GELMAN, HELENA  
STREET ADDRESS 17000 NE 14TH AVE, APT 302  
CITY-ST-ZIP MIAMI FL 33162

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Handwritten Signature]*

4/25/06 305 945 62 51