

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004201

Entity Name: POLISH CENTER OF JOHN PAUL II, INC.**Current Principal Place of Business:**1521 NORTH SATURN AVE.
CLEARWATER, FL 33758**Current Mailing Address:**1521 NORTH SATURN AVE.
CLEARWATER, FL 33755**FEI Number:** 59-3335866**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KARWOWSKI, ZYGMUNT PRES
1160 BLUFFS CIR.
DUNEDIN, FL 34698 US*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:** ZYGMUNT KARWOWSKI

04/17/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title 1ST VP
Name KAWCZAK, STANLEY .
Address 9667 108 AVE NORTH
City-State-Zip: LARGO FL 33773

Title 2ND VP
Name KUBICKA, STANISLAWA
Address 2464 AUSTRALIA E , APT.42
City-State-Zip: CLEARWATER FL 33763

Title FINANCIAL SECRETARY
Name CHABEREK, ELIZABETH
Address 23528 AVE N
City-State-Zip: SAINT PETERSBURG FL 33704

Title SECRETARY
Name MACKENZIE, KINGA
Address 11242 KAPOK GRAND CIR.
City-State-Zip: MADEIRA BEACH FL 33708

Title T
Name GLOWACKI, RICHARD T
Address 960 STARKEY RD.
APT. 1301
City-State-Zip: LARGO FL 33771

Title DIRECTOR
Name PRZYCHODZEN, BUNIA
Address 3076 KAPOK KOVE DR.
City-State-Zip: CLEARWATER FL 33759

Title PRESIDENT
Name KARWOWSKI, ZYGMUNT
Address 1160 BLUFFS CIR.
City-State-Zip: DUNEDIN FL 34698

I hereby 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 all other like empowered.

SIGNATURE: RICHARD T. GLOWACKI

TREASURER

04/17/2015

Electronic Signature of Signing Officer/Director Detail

Date