

2014 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:**GLOWACKI, ANDREW PRES
951 LANTERN WAY
CLEARWATER, FL 33759 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:** ANDREW GLOWACKI

04/14/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title 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 ZACHAREK, ELZBIETA
Address 5274 46TH ST N
City-State-Zip: SAINT PETERSBURG FL 33714

Title DIRECTOR
Name BANASIAK, LUCYNA
Address 14431 BEAULY CIR
City-State-Zip: HUDSON FL 34668

Title SECRETARY
Name HUBSKA, ANTONINA
Address 11476 62ND AVE. N.
City-State-Zip: SEMINOLE FL 33772

Title PRESIDENT
Name GLOWACKI, ANDREW
Address 851 LANTERN WAY
City-State-Zip: CLEARWATER FL 33759

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: ANDREW GLOWACKI

PRESIDENT

04/14/2014

Electronic Signature of Signing Officer/Director Detail

Date