FILE NOW: FILING FEE AFTER MAY 1 IS $155.00 AW

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **732541** **(8)**

1. Corporation Name

POLISH-AMERICAN CLUB OF NORTHEAST FLORIDA, INC.

Principal Place of Business	Mailing Address
5950 COLLINS RD. P. O. BOX 14689 JACKSONVILLE FL 32239	5950 COLLINS RD. P. O. BOX 14689 JACKSONVILLE FL 32239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1975
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-1724112 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

REASON, E D
7401 TAHITI RD
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE E. D. Reason 3/18/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	Vice President ☐ Change ☐ Addition
NAME	REASON, MARION	1.2 NAME	Margaret Dubas
STREET ADDRESS	7401 TAHITI RD.	1.3 STREET ADDRESS	4547 Water Oak Lane
CITY-ST-ZIP	JACKSONVILLE FL 32216	1.4 CITY-ST-ZIP	Jacksonville Fl 32210
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	REASON, E D	2.2 NAME	
STREET ADDRESS	7401 TAHITI RD	2.3 STREET ADDRESS	Same
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GEISLER, JERRY	3.2 NAME	Same
STREET ADDRESS	4565 ROYAL AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	KAMINSKI, GLADYS	4.2 NAME	Same
STREET ADDRESS	4565 ROYAL AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	TELLIER, MARIE C	5.2 NAME	Same
STREET ADDRESS	2003 CHOCTAW TR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	KUSH, ALEX	6.2 NAME	Same
STREET ADDRESS	7633 WILSON BLVD #54	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marie C Tellier 3/18/95 904-464-5576
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING OFFICER OR DIRECTOR Date Daytime Phone #

Marie C Tellier

000181