FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 732541 (8)

1. Corporation Name

POLISH-AMERICAN CLUB OF NORTHEAST FLORIDA, INC.

Principal Place of Business	Mailing Address
5850 COLLINS RD. P. O. BOX 14689 JACKSONVILLE FL 32238	5850 COLLINS RD. P. O. BOX 14689 JACKSONVILLE FL 32238

3. Date Incorporated or Qualified: 04/23/1975

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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: George Kleinschmidt

82 Street Address (P.O. Box Number is Not Acceptable): 8338 Quail Run Drive

83: Jacksonville Fl 32244

84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: George Kleinschmidt — 3-9-96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DUBAS, MARGARET 4547 WATER OAK LANE JACKSONVILLE FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	VP Vice President Henry Piotrowski 4625 Herta Rd Jacksonville Fl 32210	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P REASON, E D 7401 TAHITI RD JACKSONVILLE FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	P President George Kleinschmidt 8338 Quail Run Drive Jacksonville Fl 3224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEISLER, JERRY 4565 ROYAL AVENUE JACKSONVILLE FL 32205	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D Francis Mosca 1726 Heatherwood Dr Jacksonville Fl 32259	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KAMINSKI, GLADYS 4565 ROYAL AVE JACKSONVILLE FL	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D Alice Kleinschmidt 8338 Quial Run Dr' Jacksonville Fl 32244	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TELLIER, MARIE C 2003 CHOCTAW TR MIDDLEBURG FL	☐ DELETE Same	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	S Secretary Marion Reason 7401 Tahiti Rd Jacksonville Fl 32216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUSH, ALEX 7633 WILSON BLVD #54 JACKSONVILLE FL	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	Same	☐ Change ☐ Addition

CR2E037 (12/95)

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)(k), 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 — Marie C Tellier — 3/9/96 — 904 9876751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #