2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State
04-01-2008 90005 005 ****61.25

DOCUMENT # 732541

1. Entity Name
POLISH AMERICAN CULTURAL SOCIETY 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

02162008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1724112 ☐ 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
PETZEL, RONALD J 8434 BARCELONA AVENUE ORANGE PARK, FL 32073	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETRICK, BARBARA 6722 DAUHTRY BLVD S JACKSONVILLE, FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 6722 daughtry blvd s
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STYPHLKOWSKI, JOZEF 1571 LEMONWOOD JACKSONVILLE, FL 32259	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ☐ Change ☒ Addition Rydzewska, Honorata 3669 Wilson Blvd W. Jacksonville, FL 32210
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PETZEL, PETE 8434 BARCELONA AVE ORANGE PARK, FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition B Polak, Barbara 4155 Julington Creek Rd Jacksonville, FL 32223
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PETRICK, VICTOR 6722 DAUGHTRY BLVD. S. JACKSONVILLE, FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STYPULKOSKI, JOZEF 1375 SATSUMA RD. JACKSONVILLE, FL 32259	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition B Ieszczynski, Leszek 5195 Beige St. Jacksonville, FL 32258

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Victor G. Petrick, Tres Victor G. Petrick 3/21/08 (904)7781824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #