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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # **761604** **(8)**

1. Corporation Name

THE POLISH-AMERICAN SOCIAL CLUB OF VERO BEACH, F LORIDA, INC.

Principal Place of Business	Mailing Address
7500 N. US #1 P.O. BOX 6508 VERO BCH FL 32961	7500 N. US #1 P.O. BOX 6508 VERO BCH FL 32961

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1982
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2242674 ☐ 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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

POLACKWICH, ALPHONSUS J
601 IRIS LANE
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name: Krawczykiewicz, Paul
82 Street Address (P.O. Box Number is Not Acceptable): 845 29th Avenue
83
84 City: Vero Beach, FL 85 Zip Code: 32960

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: Paul Krawczykiewicz 2-23-95
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	President ☐ Change ☐ Addition
NAME	KRAWCZYKIEWICZ, PAUL	1.2 NAME	Krawczykiewicz, Paul
STREET ADDRESS	845 20TH AVENUE	1.3 STREET ADDRESS	845 20th Avenue
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	Vero Beach, FL 32960
TITLE	P	2.1 TITLE	Vice Pres. ☐ Change ☐ Addition
NAME	POLACKWICH, APPHONSUS J	2.2 NAME	Polackwich, Alphonsus J.
STREET ADDRESS	601 IRIS LANE	2.3 STREET ADDRESS	601 Iris Lane
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	T	3.1 TITLE	Treasurer ☐ Change ☐ Addition
NAME	GAVORA, MARY	3.2 NAME	Gavora, Mary
STREET ADDRESS	1865 1ST STREET	3.3 STREET ADDRESS	1865 1st Street
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	Vero Beach, FL 32962
TITLE	D	4.1 TITLE	Director ☐ Change ☐ Addition
NAME	GARUFI, BENJAMIN	4.2 NAME	Johnston, Alzada
STREET ADDRESS	3427 HEATHER WAY LANE	4.3 STREET ADDRESS	15 Ecuador Way
CITY-ST-ZIP	SEBASTIAN FL	4.4 CITY-ST-ZIP	Fort Pierce, FL 34951
TITLE	D	5.1 TITLE	Director ☐ Change ☐ Addition
NAME	JOHNSTON, ALZADA R	5.2 NAME	Libbos, George
STREET ADDRESS	15 ECUADOR WAY	5.3 STREET ADDRESS	897 Wentworth St.
CITY-ST-ZIP	FT. PIERCE FL	5.4 CITY-ST-ZIP	Sebastian, FL 32958
TITLE	D	6.1 TITLE	Director ☐ Change ☐ Addition
NAME	LUPARDO, JAMES S	6.2 NAME	Lupardo, James
STREET ADDRESS	1012 C. PHEASANT RUN DRIVE	6.3 STREET ADDRESS	518 Crooked Lake Lane #B
CITY-ST-ZIP	FT. PIERCE FL	6.4 CITY-ST-ZIP	Ft. Pierce, FL 34982

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: Paul Krawczykiewicz Paul Krawczykiewicz 1-31-95 407-567-0255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036775