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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 761604					
1. Corporation Name THE POLISH-AMERICAN SOCIAL CLUB OF VERO BEACH, F LORIDA, INC.					
Principal Place of Business 7500 N. US #1 P.O. BOX 6508 VERO BCH FL 32961			Mailing Address 7500 N. US #1 P.O. BOX 6508 VERO BCH FL 32961		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/26/1982 4. FEI Number 59-2242674 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent CHUDZINSKI, BARBARA 501 BELFAST TERRACE SEBASTIAN FL 32958				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	
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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

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	P	NAME	CHUDZINSKI, BARBARA	1.1 TITLE		1.2 NAME	
STREET ADDRESS		STREET ADDRESS	501 BELFAST TERRACE	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	SEBASTIAN FL 32958	2.1 TITLE		2.2 NAME	
TITLE	VP	NAME	POLACKWICH, APPHONSUS J	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	601 IRIS LANE	3.1 TITLE		3.2 NAME	
CITY-ST-ZIP		CITY-ST-ZIP	VERO BEACH FL	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE	T	NAME	ANDREWS, EILEEN	4.1 TITLE		4.2 NAME	
STREET ADDRESS		STREET ADDRESS	400 NORTH EGRET CIRCLE	4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	BAREFOOT BAY FL 32976	5.1 TITLE		5.2 NAME	
TITLE	D	NAME	JOHNSTON, ALZADA	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	15 ECUADOR WAY	6.1 TITLE		6.2 NAME	
CITY-ST-ZIP		CITY-ST-ZIP	FORT PIERCE FL	6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
TITLE	D	NAME	MACKO, CATHERINE				
STREET ADDRESS		STREET ADDRESS	2465 LAT PLACE				
CITY-ST-ZIP		CITY-ST-ZIP	VERO BEACH FL				
TITLE	D	NAME	OCHMANSKI, CHARLES				
STREET ADDRESS		STREET ADDRESS	P O BOX 650592 N/A				
CITY-ST-ZIP		CITY-ST-ZIP	VEOR BEACH FL				

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

Officers for 1999

President
Vice President
Recording Secretary
Treasurer
Correspondence Secretary
Financial Secretary
Sargent at Arms
Director

James Lapardo
Paul Krawczykiewicz
Gloria Fraser
Ingrid Eddy
Mary LaPlante
Josephine Palladino
Edward Goreczny
Catherine Mackoy
Robert Johnston
Harry Klimas
Roger Bouton
Helen Yurko
Sophie Ziemba
Daniel Zweigart

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