

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB - 1 PM 1:42

DOCUMENT # 701712 (2)

1. Corporation Name

THE POLISH AMERICAN CLUB OF MIAMI INC.

Principal Place of Business

Mailing Address

1250 NW 22ND AVE  
MIAMI FL 33125

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MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1941

3a. Date of Last Report

05/01/1994

4. FEI Number

59-0670493

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LASOTA, EUGENE  
9724 SW 126 TERRACE  
MIAMI FL 33176

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME WILGOSZ, PEARL  
STREET ADDRESS 3923 N.E. 166 ST.  
CITY - ST - ZIP NO. MIAMI BEACH FL

1.1 TITLE P  
1.2 NAME WILGOSZ, PEARL  
1.3 STREET ADDRESS 1400 S OCEAN DR  
1.4 CITY - ST - ZIP HOLLYWOOD FL 33019  
 Change  Addition

TITLE T  
NAME STANLEY, KENT  
STREET ADDRESS 9175 BAY DR  
CITY - ST - ZIP SOUTHSIDE FL

2.1 TITLE T  
2.2 NAME ROBERT ALLMAN  
2.3 STREET ADDRESS 1821 NE 146 ST  
2.4 CITY - ST - ZIP MIAMI FL 33181  
 Change  Addition

TITLE D  
NAME POPEK, JANE  
STREET ADDRESS 2830 N.W. 4TH TERR.  
CITY - ST - ZIP MIAMI FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
 Change  Addition

TITLE D  
NAME KRESKE, VICTORIA  
STREET ADDRESS 8101 S.W. 57TH AVE.  
CITY - ST - ZIP MIAMI FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
 Change  Addition

TITLE S  
NAME LASOTA, ELLEN N  
STREET ADDRESS 9724 SW 126 TERRACE  
CITY - ST - ZIP MIAMI FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
 Change  Addition

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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Pearl Wilgosz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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1-25-95