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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



3. Date Incorporated or Qualified

01/01/1941

4. FEI Number

59-0670493

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARONE, NATHANIEL L JR.
250 BIRD RD.
SUITE 302
CORAL GABLES FL 33146-1424

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 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 ☒ DELETE
NAME WILGOSZ, PEARL
STREET ADDRESS 1400 S OCEAN DR
CITY-ST-ZIP HOLLYWOOD FL

1.1 TITLE P. ☒ Change ☐ Addition
1.2 NAME Mr. Robert Mezyk
1.3 STREET ADDRESS 297 Pocatella St.
1.4 CITY-ST-ZIP Miami Springs, FL. 33166-5008

TITLE T ☒ DELETE
NAME ALLMAN, ROBERT
STREET ADDRESS 1821 NE 146ST
CITY-ST-ZIP MIAMI FL

2.1 TITLE T. ☒ Change ☐ Addition
2.2 NAME Mrs. Rose Kruszewski
2.3 STREET ADDRESS 7500 S. W. 128 St.
2.4 CITY-ST-ZIP Miami, FL. 33156

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

3.1 TITLE D. ☒ Change ☐ Addition
3.2 NAME Mr. Edward Grocki
3.3 STREET ADDRESS 609 Euclid Ave. #9
3.4 CITY-ST-ZIP Miami Beach, FL. 33139

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

4.1 TITLE D. ☒ Change ☐ Addition
4.2 NAME Mrs. Carole Dambski
4.3 STREET ADDRESS 7737 N. Kendall Dr., #C-102
4.4 CITY-ST-ZIP Miami, FL. 33156

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

5.1 TITLE D. ☒ Change ☐ Addition
5.2 NAME Mrs. Elizabeth Augustyniak
5.3 STREET ADDRESS 5230 S.W. 99 Avenue
5.4 CITY-ST-ZIP Miami, FL. 33165

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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.

SIGNATURE:

Rose Kruszewski

4/16/98

305238-4511

CP2E037 (10/97)