

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT



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

1995-2095 3-7884

FILED

1995 JUL 20 AM 10:18

TALLAHASSEE, FLORIDA

DOCUMENT # 702553 (9)

1. Corporation Name

POLISH AMERICAN CLUB OF TAMPA, INC.

Principal Place of Business

Mailing Address

4202 N 22ND ST
TAMPA FL 33610

4202 N 22ND ST
TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/13/1961	01/24/1994
4. FEI Number	Applied For Not Applicable
59-1585318	
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/> FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.037, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21	26 1922 W. ORIENT ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 TAMPA FL	28 TAMPA FL
Zip	Country
24 33607	29 33607
	30 Hillsborough

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SLOWIK, STANLEY J JR. 1922 W. ORIENT ST. TAMPA FL 33607	81 Name STANLEY J. SLOWIK JR. 82 Street Address (P.O. Box Number is Not Acceptable) 1922 W. ORIENT ST. 83 Ph. 813-876-3114 84 City TAMPA FL 85 Zip Code 33607

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETROWSKI, JOSEPH	12 NAME	STANLEY J. SLOWIK JR.
STREET ADDRESS	3811 LAKE SHORE DR.	13 STREET ADDRESS	1922 W. ORIENT ST.
CITY - ST - ZIP	TAMPA FL 33604	14 CITY - ST - ZIP	TAMPA, FL 33607
TITLE	VD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOWIK, STANLEY J	22 NAME	WALTER T. ADAMCZSKI
STREET ADDRESS	1922 W. ORIENT ST.	23 STREET ADDRESS	733 57th ST. S.
CITY - ST - ZIP	TAMPA FL 33607	24 CITY - ST - ZIP	TAMPA, FL 33619
TITLE	S	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANUK, RUTH	32 NAME	DOROTHY VALENCIC
STREET ADDRESS	5411 ORIENT RD.	33 STREET ADDRESS	1422 BOGIE DR.
CITY - ST - ZIP	TAMPA FL	34 CITY - ST - ZIP	TAMPA, FL 33612
TITLE	DT	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIESLA, BEN	42 NAME	HARRIET MAE EVANS
STREET ADDRESS	210 BRENTSHIRE DR.	43 STREET ADDRESS	733 57th ST. S.
CITY - ST - ZIP	BRANDON FL 33511	44 CITY - ST - ZIP	TAMPA, FL 33619
TITLE	S	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIESLA, MARIANNE	52 NAME	LEE EGDELSTON
STREET ADDRESS	210 BRENT SHIRE DR.	53 STREET ADDRESS	2513 W-HIGH AVE.
CITY - ST - ZIP	BRANDON FL 33511	54 CITY - ST - ZIP	TAMPA FL 33612
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HLAVACH, ANDREW	62 NAME	ANDREW HLAVACH
STREET ADDRESS	660 FLAMINGO DR.	63 STREET ADDRESS	660 FLAMINGO DR.
CITY - ST - ZIP	TAMPA FL	64 CITY - ST - ZIP	TAMPA, FL

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

SIGNATURE: Stanley J. Slowik Jr. PRESIDENT 16 JUL 95
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)