

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 702553 (9)

1. Corporation Name
POLISH AMERICAN CLUB OF TAMPA, INC.



Principal Place of Business: ~~4202 N 22ND ST TAMPA FL 33610~~
Mailing Address: 1922 W. ORIENT STREET TAMPA FL 33607 US

1707-w Clifton

3. Date incorporated or Qualified: 06/13/1961
3a. Date of Last Report: 07/20/1995

21	2. Principal Place of Business <i>1707-w Clifton</i>	2a. Mailing Address	4. FEI Number 59-1585318	Applied For Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State <i>Tampa FL</i>	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip <i>33607</i>	Country <i>H. N. S. Borough</i>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
SLOWIK, STANLEY J. J 1922 W. ORIENT STREET TAMPA FL 33607		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SLOWIK, STANLEY J. J	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1922 W. ORIENT STREET	1.2 NAME	
STREET ADDRESS	TAMPA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD ADAMECZSKI, WALTER T.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	733 57TH STREET	2.2 NAME	
STREET ADDRESS	TAMPA FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S VALENCIC, DOROTHY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1422 BOGIE DRIVE	3.2 NAME	
STREET ADDRESS	TAMPA FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DT EVANS, HARRIET M.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	733 57TH STREET SOUTH	4.2 NAME	
STREET ADDRESS	TAMPA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	S EGGELSTON, LEE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2513 W-HIGH AVENUE	5.2 NAME	
STREET ADDRESS	TAMPA FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D HLAVAH, ANDREW	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	660 FLAMINGO DR.	6.2 NAME	
STREET ADDRESS	TAMPA FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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M.M.
4-1-96

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: *Stanley J. Slowik* 25 FEB. 96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)