

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 25 1997 8:00am  
 Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 702553 (9)**  
 1. Corporation Name  
**POLISH AMERICAN CLUB OF TAMPA, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>1707 W. CLIFTON<br/>TAMPA FL 33607</b> | Mailing Address<br><b>1922 W. ORIENT STREET<br/>TAMPA FL 33607<br/>US</b> |
|--|---|

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>06/13/1961</b> | 3a. Date of Last Report<br><b>04/01/1996</b> |
|--|--|

|   |                                  |
|---|----------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             |
| Zip<br><b>29</b>                            | Country<br><b>30</b>             |

|   |   |  |
|---|---|--|
| 4. FEI Number<br><b>59-1585318</b>  | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>      |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |

9. Name and Address of Current Registered Agent

**SLOWIK, STANLEY J. J  
 1922 W. ORIENT STREET  
 TAMPA FL 33607**

10. Name and Address of New Registered Agent

|  |
|--|
| <b>81</b> Name   |
| <b>82</b> Street Address (P.O. Box Number Is Not Acceptable) |
| <b>83</b>  |
| <b>84</b> City   |
| <b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                     |  |
|----------------------------|--|---|--|
| TITLE<br><b>PD</b>         | <b>SLOWIK, STANLEY J. J</b><br>1922 W. ORIENT STREET<br>TAMPA FL | 1.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE<br><b>VD</b>         | <b>ADAMECZSKI, WALTER T.</b><br>733 57TH STREET<br>TAMPA FL      | 2.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE<br><b>S</b>          | <b>VALENCIC, DOROTHY</b><br>1422 BOGIE DRIVE<br>TAMPA FL         | 3.1 TITLE<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <b>RECORDING SECRETARY<br/>LILLIAN HERRERA<br/>4214 OKARA<br/>TAMPA, FL. 33617</b>     |
| TITLE<br><b>DT</b>         | <b>EVANS, HARRIET M</b><br>733 57TH STREET SOUTH<br>TAMPA FL     | 4.1 TITLE<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <b>TREASURER<br/>HARRIET M. ADAMECZSKI<br/>733 57th St.<br/>TAMPA FL. 33619</b>        |
| TITLE<br><b>S</b>          | <b>EGGELSTON, LEE</b><br>2513 W-HIGH AVENUE<br>TAMPA FL          | 5.1 TITLE<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <b>FINANCIAL SECRETARY<br/>LEE EGGELSTON<br/>2513 W. High Ave<br/>TAMPA, FL. 33614</b> |
| TITLE<br><b>D</b>          | <b>HLAVAH, ANDREW</b><br>660 FLAMINGO DR.<br>TAMPA FL            | 6.1 TITLE<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <b>DIRECTOR<br/>JOSEPH PETROWSKI<br/>3811 LAKE SHORE DR.<br/>TAMPA, FL. 33604</b>      |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ 30 Jul 97 813-876-3114

CFR2037 (4/97)