


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 702553
 1. Entity Name
 POLISH AMERICAN CLUB OF TAMPA, INC.



Principal Place of Business: 1707 W. CLIFTON TAMPA FL 33607
 Mailing Address: 1922 W. ORIENT STREET TAMPA FL 33607 US

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Country



MOORE CR2E037 (11/03)

4. FEI Number: 59-1585318
 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SLOWIK, STANLEY J. J
 1922 W. ORIENT STREET
 TAMPA FL 33607

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Stanley J. Slowik Jr.* (NOTE: Registered Agent signature required when reinstating)
 DATE: JAN. 26, 2004

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SLOWIK, STANLEY J. J	
STREET ADDRESS	1922 W. ORIENT STREET	
CITY - ST - ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VALENCIC, DOROTHY	
STREET ADDRESS	1422 WEST BOGE DRIVE	
CITY - ST - ZIP	TAMPA FL 33614	
TITLE	RS	<input type="checkbox"/> Delete
NAME	LEKES, JOSEPH A	
STREET ADDRESS	3415 PICO DR	
CITY - ST - ZIP	TAMPA FL 33614-2750	
TITLE	I	<input type="checkbox"/> Delete
NAME	ROMANUK, RUTH M	
STREET ADDRESS	5411 ORIENT RD	
CITY - ST - ZIP	TAMPA FL 33610-4118	
TITLE	FS	<input type="checkbox"/> Delete
NAME	ROMANUK, RUTH M	
STREET ADDRESS	5411 ORIENT ROAD	
CITY - ST - ZIP	TAMPA FL 33610-4118	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETROWSKI, JOSEPH	
STREET ADDRESS	3811 LAKESHORE DR	
CITY - ST - ZIP	TAMPA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000028616
 02/04/04-80033-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stanley J. Slowik Jr.* 1/26/04