

**2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**


*05 Rei*

**FILED**

05 OCT 26 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 *w - CLIFTON ST  
1707 TAMPA, FL 33607*  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country



10112005 REIN-NP CR2E099 (6/04)

**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. Stanley J. Slowik Jr.* DATE *24 OCT. 05*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$236.25**  
After January 1, 2006, Fee will be \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLOWIK, STANLEY J. J 1922 W. ORIENT STREET TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALENCIC, DOROTHY 1422 WEST BOGE DRIVE TAMPA, FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS LEKES, JOSEPH A 3415 PICO DR TAMPA, FL 336142750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROMANUK, RUTH M 5411 ORIENT RD TAMPA, FL 336104118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS ROMANUK, RUTH M 5411 ORIENT ROAD TAMPA, FL 336104118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETROWSKI, JOSEPH 3811 LAKESHORE DR TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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11/01/05--01055--004 \*\*236.25

*[Handwritten signature]*

12. 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 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. Stanley J. Slowik Jr.* DATE: *24 OCT. 05* 813  
Signature and typed or printed name of signing officer or director Date Daytime Phone # *873-0667*