

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2007  
Secretary of State**

DOCUMENT# 702553

Entity Name: POLISH AMERICAN CLUB OF TAMPA, INC.

**Current Principal Place of Business:**

1707 W. CLIFTON  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

1707 W. CLIFTON  
TAMPA, FL 33607

**New Mailing Address:**

FEI Number: 59-1585318      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SLOWIK, STANLEY JR.  
1922 W. ORIENT STREET  
TAMPA, FL 33607      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: SLOWIK, STANLEY J. J  
Address: 1922 W. ORIENT STREET  
City-St-Zip: TAMPA, FL 33607

Title: VP      ( ) Delete  
Name: SKALDANEK, JOHN  
Address: 1707 CLIFTON ST  
City-St-Zip: TAMPA, FL 33603

Title: RS      ( ) Delete  
Name: LEKES, JOSEPH A  
Address: 3415 PICO DR  
City-St-Zip: TAMPA, FL 336142750

Title: T      ( ) Delete  
Name: ROMANUK, RUTH M  
Address: 5411 ORIENT RD  
City-St-Zip: TAMPA, FL 336104118

Title: FS      ( ) Delete  
Name: ROMANUK, RUTH M  
Address: 5411 ORIENT ROAD  
City-St-Zip: TAMPA, FL 336104118

Title: D      ( ) Delete  
Name: PETROWSKI, JOSEPH  
Address: 3811 LAKESHORE DR  
City-St-Zip: TAMPA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY SLOWIK

PD

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date