

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702553

FILED
Jun 11, 2008
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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
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City-St-Zip:

Title: () Change () Addition
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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 J SLOWIK

PD

06/11/2008

Electronic Signature of Signing Officer or Director

_____ Date