

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90038 046 ****61.25

DOCUMENT # 713104

1. Entity Name

THE POLISH-AMERICAN CLUB OF HOLLYWOOD,
FLORIDA, INC.



Principal Place of Business

3861 STIRLING ROAD
FT. LAUDERDALE FL 33312

Mailing Address

3861 STIRLING ROAD
FT. LAUDERDALE FL 33312

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-6143418

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POLUKORT, BERNICE
12371 N.W. 15 STREET
PEMBROKE PINES FL 33026

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

Bernice Polukort

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-05

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

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	PT	<input checked="" type="checkbox"/> Delete
NAME	PANASUK, AL	
STREET ADDRESS	5790 SW 35TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	TT	<input type="checkbox"/> Delete
NAME	MUSIAL, VIRGINIA	
STREET ADDRESS	6761 MCCLELLAN ST	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	DD	<input type="checkbox"/> Delete
NAME	EVANS, CLARA	
STREET ADDRESS	10452 NW 48 MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	MUCHNICKI, CHARLES	
STREET ADDRESS	2151 S.W. 93 WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GAWARSKI, GLADYS	
STREET ADDRESS	5609 CORAL LAKE DR	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS ZIGMUNT	
STREET ADDRESS	7600 SIMMS ST	
CITY-ST-ZIP	HOLLYWOOD FLA 33024	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AL PANASUK	
STREET ADDRESS	5790 S.W. 35 AVE	
CITY-ST-ZIP	FT. LAUDERDALE FLA 33312	
TITLE	RECORDING SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNICE POLUKORT	
STREET ADDRESS	12371 N.W. 15th	
CITY-ST-ZIP	PEMBROKE PINES FLA 33026	
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		

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:

Virginia B. Musial Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-05 954 989 2385

Date

Daytime Phone #