


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2008 8:00 am
Secretary of State

02-12-2008 90015 013 ****61.25

DOCUMENT # 713104 1. Entry 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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
POLUKORT, BERNICE 12371 N.W. 15 STREET PEMBROKE PINES FL 33026		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 <i>Bernice Polukort</i>		DATE <i>2/4/08</i>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to: Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VP NAME: PANASUK, AL STREET ADDRESS: 3510 SW 51 AVE CITY-ST-ZIP: DAVIE FL 33314	<input checked="" type="checkbox"/> Delete	TITLE: CHARLES HRYNIEWICZ NAME: 5194 S.W. 27 TER. STREET ADDRESS: FL LAUDERDALE, FLA 33312 CITY-ST-ZIP:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Pres.
TITLE: TT NAME: MUSIAL, VIRGINIA STREET ADDRESS: 6761 MCCLELLAN ST CITY-ST-ZIP: HOLLYWOOD FL 33024	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DD NAME: EVANS, CLARA STREET ADDRESS: 10452 NW 48 MANOR CITY-ST-ZIP: CORAL SPRINGS FL 33076	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: DERENGOWSKI, EDWARD STREET ADDRESS: 8632 JACKLE RUN DRIVE CITY-ST-ZIP: BOCA RATON FL 33434	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: POLUKORT, BERNICE STREET ADDRESS: 12371 NORTHWEST 15 STREET CITY-ST-ZIP: PEMBROKE PINES FL 33026	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: RS NAME: BISTRIMOVICH, VERA STREET ADDRESS: 7770 NW 50 ST PH 510 CITY-ST-ZIP: LAUDERHILL FL 33351	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Virginia B. Musial</i>		DATE: <i>3/8/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

ATTACHMENT

66002996

#713104



Mrs. Virginia Musial

Gentlemen:—

Sorry I neglected
to sign the ANNUAL
Report. -

Please Note I deleted.

Edward Dorowowski

AND Left
AL PANASUK AT
V.P.

Thanks—
God Bless
Virginia



BLINDED VETERANS ASSOCIATION
1-800-669-7079

