2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 28, 2007 8:00 am

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DOCUI	MENT # 727362	٠ •					ary 03 7 90006 048		
POLISH A	AMERICAN SOCIAL CLUB (OF PASCO COUNTY,							
Principal Plac	e of Business	Mailing Address			}				
7615 NEW JERSEY AVE. P.O. BOX 5333 HUDSON FL 34667		7615 NEW JERSEY AVE. P.O. BOX 5333 HUDSON FL 34674							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				a zor : (denn ithe biri)	n wal minii esteri diffit i	TINN SINK NY	MUS ID IUIAL
Suite, Apt. #, etc.		Suite, Apt. #, otc.		1st MOORE CR2E037 (10/06)					
City & State		City & State			4. FEI Number Applied For 23-7349518 Not Applied be				
Zip	Country	Zıp	Country		5. Certificate of St	atus Desired		.75 Add Require	
	6. Name and Address of Current	Registered Agent	Name		7. Name and Add	ress of New R	egistered Age	nt	
PI∩	REK, ANNA	Name -			s (P.O. Box Number is Not Acceptable)				
735	2 FLYWAY DR		Siree	Accidess ((P.U. Box Number is i	NOT ACCEDIABLE			<u></u>
577	RING HILL FL 34607		City				T	Zin Cod	
					FL Zip Code				
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	named entity submits this statement folions of registered agent.	for the purpose of changing its	s registored office	or register	red agent, or bost, in	ing State of Fig.	mua. Familarin		and accept
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the obligation of the state of	Signature, typed or printed name of redistered agent FILE NOW: FEE IS \$61.25 Due By May 1, 2007 OFFICERS AND DI P PIOREK, ANNA	Plove (NOT some of applicable). (NOT some of	TE: Required Agent ag impaign Financine Contribution. 11. HILE NAME	Patura required	\$5.00 May Be Added to Fees	2 Ma Florid	25-0 DATE ke Check Pada Departme	ayable ent of S	to State
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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: AWA PIOREK Missing Washington Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11

CHY-ST-71P

CITY-ST-ZIP

PIOREK JAMES OF SIGNING OFFICER OR DIRECTOR

Covintie Phone 4