


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 727362 1. Entity Name POLISH AMERICAN SOCIAL CLUB OF PASCO COUNTY, INC	
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Principal Place of Business 7615 NEW JERSEY AVE. P.O. BOX 5333 HUDSON, FL 34667	Mailing Address 7615 NEW JERSEY AVE. P.O. BOX 5333 HUDSON, FL 34674
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03272008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7349518	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PIOREK, ANNA 7352 FLYWAY DR SPRING HILL, FL 34607
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIOREK, ANNA 7352 FLYWAY SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD MODERACKI, MARION 6020 DORSET RD SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WRZENSINKI, JOSEPHINE 12520 DEARBORNE DR HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KARMOLINSKI, MARY 9421 LEDGESTONE LANE PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LUBERTOWIEZ, JOHN 7221 ALOE DR SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000937801
05/27/08-80065-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Mary Karmolinski</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4-29-08</u> <small>Daytime Phone #</small>