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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732541 (8)
1. Corporation Name
POLISH-AMERICAN CLUB OF NORTHEAST FLORIDA, INC.



Principal Place of Business Mailing Address
5850 COLLINS RD. 5850 COLLINS RD.
P. O. BOX 14689 P. O. BOX 14689
JACKSONVILLE FL 32238 JACKSONVILLE FL 32238-1689

3. Date Incorporated or Qualified 04/23/1975 3a. Date of Last Report 03/22/1996
4. FEI Number 59-1724112 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
KLEINSCHMIDT
8338 QUAIL RUN DRIVE
JACKSONVILLE FL 32244

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *George Kleinschmidt* 4-12-97
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PIOTROWSKI, HENRY	
STREET ADDRESS	4625 HERTA ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KLEINSCHMIDT, GEORGE	
STREET ADDRESS	8338 QUAIL RUN DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOSCA, FRANCIS	
STREET ADDRESS	1726 HEATHERWOOD DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLEINSCHMIDT, ALICE	
STREET ADDRESS	8338 QUAIL RUN DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	REASON, MARION	
STREET ADDRESS	7401 TAHITI ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUSH, ALEX	
STREET ADDRESS	7633 WILSON BLVD #54	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Judith Mc INNIS	
1.3 STREET ADDRESS	5238 APPLETON AVE	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32210	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GLADYS KAMINSKI	
2.3 STREET ADDRESS	4565 ROYAL AV	
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32205	
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARIE TELLIER	
3.3 STREET ADDRESS	2003 CHOCTAW TR	
3.4 CITY-ST-ZIP	MIDDLEBURG FL 32068	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARGARET DUBAS	
4.3 STREET ADDRESS	4547 WATER OAK LANE	
4.4 CITY-ST-ZIP	JACKSONVILLE FL 32210	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Lester Tellier	
5.3 STREET ADDRESS	2003 CHOCTAW TR	
5.4 CITY-ST-ZIP	MIDDLEBURG FL 32068	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PETE PETZEL	
6.3 STREET ADDRESS	8434 BARCELONA AV	
6.4 CITY-ST-ZIP	ORANGE PARK FL 32073	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marie C. Tellier* 4/12/97 904-4645665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0006323

CR2E037 (9/96)