


FILE NOW: FILING FEE IS \$61.25

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Jul 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **732541** (8)
1. Corporation Name
POLISH-AMERICAN CLUB OF NORTHEAST FLORIDA, INC.



Principal Place of Business 5850 COLLINS RD. P. O. BOX 14689 JACKSONVILLE FL 32238	Mailing Address 5850 COLLINS RD. P. O. BOX 14689 JACKSONVILLE FL 32238
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/23/1975	
4. FEI Number 59-1724112	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 GLADYS KAMINSKI 82 Street Address (R.O. Box Number is Not Acceptable) 4565 ROYAL AV 83 84 City JACKSONVILLE FL 85 Zip Code 32244
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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 *Gladys Kaminski* **TREASURER** DATE **7-12-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	VP MCINNIS, JUDITH
STREET ADDRESS	8238 APPLETON AVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	P KLEINSCHMIDT, GEORGE
STREET ADDRESS	8338 QUAIL RUN DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D MOSCA, FRANCIS
STREET ADDRESS	1726 HEATHERWOOD DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D KLEINSCHMIDT, ALICE
STREET ADDRESS	8338 QUAIL RUN DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D TELLIER, LESTER
STREET ADDRESS	2003 CHOCTAWTR
CITY-ST-ZIP	MIDDLEBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	D KUSH, ALEX
STREET ADDRESS	7833 WILSON BLVD #54
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	P GENEVIEVE LANE
2.3 STREET ADDRESS	2458 PROVOST CT.
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32216
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D MARGARET DUBAS
4.3 STREET ADDRESS	4547 WATER OAK LN.
4.4 CITY-ST-ZIP	JACKSONVILLE FL 32210
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	T GLADYS KAMINSKI
5.3 STREET ADDRESS	4565 ROYAL AV
5.4 CITY-ST-ZIP	JACKSONVILLE FL 32205
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Gladys Kaminski* **GLADYS KAMINSKI** 7-12-98 904-262-1661 EXT. 124

CR2E037 (10/97)