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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90116 048 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732541

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	2a. Mailing Address 28	3. Date Incorporated or Qualified 04/23/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1724112
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent Geisler Kaminski-Gladys 4565 ROYAL AVE JACKSONVILLE FL 32244-32205-4949	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	MCINNIS, JUDITH 5238 APPLETON AVE JACKSONVILLE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VP 1.2 NAME CHESTER CASE 1.3 STREET ADDRESS 6111- CEDAR HILLS BLVD. 1.4 CITY-ST-ZIP JACKSONVILLE FL 32210
TITLE P	LANE, GENEVIEVE 2458 PROVOST CT JACKSONVILLE FL 32216	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D 2.2 NAME GEORGE KLINESCHMIDT 2.3 STREET ADDRESS 8338-QUAIL RUN DRIVE 2.4 CITY-ST-ZIP JACKSONVILLE FL 32244
TITLE D	MOSCA, FRANCIS 1726 HEATHERWOOD DRIVE JACKSONVILLE FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D 3.2 NAME DETE PETZEL 3.3 STREET ADDRESS 8434-BARCELONA AVE 3.4 CITY-ST-ZIP ORANGE PARK FL 32073
TITLE D	DUBAS, MARGARET 4547 WATER OAK LANE JACKSONVILLE FL 32210	<input type="checkbox"/> DELETE	4.1 TITLE S 4.2 NAME BARBARA PETRICK 4.3 STREET ADDRESS 6722-DAUGHTRY BLVD. S. 4.4 CITY-ST-ZIP JACKSONVILLE FL 32210
TITLE T	GEISLER KAMINSKI, GLADYS 4565 ROYAL AVE JACKSONVILLE FL 32205	<input type="checkbox"/> DELETE	5.1 TITLE D 5.2 NAME GLADYS GEISLER 5.3 STREET ADDRESS 4565 ROYAL AV 5.4 CITY-ST-ZIP JACKSONVILLE FL 32205-4949
TITLE D	KUSH, ALEX 7633 WILSON BLVD #54 JACKSONVILLE FL	<input type="checkbox"/> DELETE	6.1 TITLE D 6.2 NAME FRANK LUKSHA 6.3 STREET ADDRESS 13516-COILEN ROAD 6.4 CITY-ST-ZIP JACKSONVILLE FL 32218

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 637, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 5-12-99 Daytime Phone #: 904 264 9533

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