

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90006 022 ****61.25

DOCUMENT # 732541

1. Entity Name

POLISH AMERICAN CULTURAL SOCIETY 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1724112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETZEL, RONALD J
8434 BARCELONA AVENUE
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PETZEL, IONE
STREET ADDRESS 8434 BARCELONA AVENUE
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D ☒ Delete
NAME PETRICK, BARBARA
STREET ADDRESS 6722 DAUGHTRY BLVD S.
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE P ☐ Delete
NAME PETZEL, PETE
STREET ADDRESS 8434 BARCELONA AVE
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE VP ☐ Delete
NAME TELLIER, MARIE
STREET ADDRESS 2937 DAKOTA DR.
CITY-ST-ZIP ORANGE PARK FL 32065

TITLE S ☐ Delete
NAME SROKA, GRAZYNA
STREET ADDRESS 1050 BELLA VISTA BLVD., #204
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE T ☐ Delete
NAME PETRICK, VICTOR
STREET ADDRESS 6722 DAUGHTRY BLVD. S.
CITY-ST-ZIP JACKSONVILLE FL 32210

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME STYPUKOWSKI, JOSEF
STREET ADDRESS 1571 LEMONWOOD
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: *Victor G. Petrick* - VICTOR G. PETRICK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/04 (904) 778-1824

Date

Daytime Phone #