

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90055 021 ****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

50012830



1st MOORE

CR2E037 (10/04)

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

7. Name and Address of New Registered Agent

PETZEL, RONALD J
8434 BARCELONA AVENUE
ORANGE PARK FL 32073

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, 2005**

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	<input checked="" type="checkbox"/> Delete
NAME	PETZEL, IONE	
STREET ADDRESS	8434 BARCELONA AVENUE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	STYPLKOWSKI, JOZEF	
STREET ADDRESS	1571 LEMONWOOD	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	P	<input type="checkbox"/> Delete
NAME	PETZEL, PETE	
STREET ADDRESS	8434 BARCELONA AVE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TELLIER, MARIE	
STREET ADDRESS	2937 DAKOTA DR.	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SROKA, GRAZYNA	
STREET ADDRESS	1050 BELLA VISTA BLVD., #204	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	T	<input type="checkbox"/> 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

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETRICK, BARBARA	
STREET ADDRESS	6722 DAUGHTRY BLVD S.	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUSZCZA, JOLANTA	
STREET ADDRESS	10929 STEEDING HORSE DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIECHOCZEK, SZCZEPAN	
STREET ADDRESS	180 CATTAIL CIRCLE	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 PETRICK

Victor Petrick

2/5/05 (904) 778-1824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #