


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90047 034 ****61.25

DOCUMENT # 732541	
1. Entity Name POLISH AMERICAN CULTURAL SOCIETY OF NORTHEAST FLORIDA, INC.	

10060041



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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02032007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1724112		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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

**Filing Fee is \$61.25
Due by May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRICK, BARBARA	NAME	
STREET ADDRESS	6722 DAUHTRY BLVD S	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STYPHLKOWSKI, JOZEF	NAME	STYPULKOWSKI, JOZEF
STREET ADDRESS	1571 LEMONWOOD	STREET ADDRESS	1375 SATSUMA RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32259	CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETZEL, PETE	NAME	POIAK, BARBARA
STREET ADDRESS	8434 BARCELONA AVE	STREET ADDRESS	4155 JULINGTON CREEK RD.
CITY-ST-ZIP	ORANGE PARK, FL 32073	CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	T <input type="checkbox"/> Delete	TITLE	
NAME	PETRICK, VICTOR	NAME	
STREET ADDRESS	6722 DAUHTRY BLVD. S.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	RYDZEWSKA, HONORATA
STREET ADDRESS		STREET ADDRESS	3669 WILSON BLVD W
CITY-ST-ZIP		CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	LESZEK LESZCZYNSKI
STREET ADDRESS		STREET ADDRESS	5195 BEIGE ST
CITY-ST-ZIP		CITY-ST-ZIP	JACKSONVILLE, FL 32258

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 P. Petrick

TREASURER

2/22/07

(904)778-1824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #