

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732541

FILED
Feb 15, 2010
Secretary of State

Entity Name: POLISH AMERICAN CULTURAL SOCIETY OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

5850 COLLINS RD.
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

5850 COLLINS RD.
P. O. BOX 14689
JACKSONVILLE, FL 32238

New Mailing Address:

FEI Number: 59-1724112 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PETZEL, RONALD J
8434 BARCELONA AVENUE
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: B
Name: PETRICK, BARBARA
Address: 6722 DAUGHTRY BLVD. S
City-St-Zip: JACKSONVILLE, FL 32210

Title: P
Name: RYDZEWSKA, HONORATA
Address: 3669 WILSON BLVD. W
City-St-Zip: JACKSONVILLE, FL 32210

Title: B
Name: POLAK, BARBARA
Address: 4155 JULIINGTON CREEK RD
City-St-Zip: JACKSONVILLE, FL 32223

Title: T
Name: PETRICK, VICTOR
Address: 6722 DAUGHTRY BLVD. S.
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP
Name: STYPULKOWSKI, JOZEF
Address: 1375 SATSUMA RD.
City-St-Zip: JACKSONVILLE, FL 32259

Title: B
Name: LESZCZYNSKI, LESZEK
Address: 5195 BEIGE ST.
City-St-Zip: JACKSONVILLE, FL 32258

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VICTOR G PETRICK

T

02/15/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date