


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # 737598</b> 1. Entity Name <b>POLISH-AMERICAN SOCIAL CLUB, INC.</b>		
Principal Place of Business <b>343 N.W. PRIMA VISTA BLVD. PT. ST. LUCIE FL 34983</b>	Mailing Address <b>343 N.W. PRIMA VISTA BLVD. PT. ST. LUCIE FL 34983</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	4. FEI Number <b>59-1876966</b>
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable

FILED  
07 SEP 18 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2nd MOORE CR2E037 (4/07)

6. Name and Address of Current Registered Agent  <b>BUTLER, CAROL J 2870 GREGORY LANE FORT PIERCE FL 34981</b>				7. Name and Address of New Registered Agent Name <b>LEQUERE MARC</b> Street Address (P.O. Box Number is Not Accepted) <b>4611 N.W. GASTONIA ST</b> <b>Port St Lucie</b> City <b>FL</b> Zip Code <b>34983</b>			
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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 *Carol J Butler* *Marc R Le Queere* 9-13-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By September 5, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P BUTLER, CAROL J 2870 GREGORY LANE FORT PIERCE FL 34981	<input checked="" type="checkbox"/> Delete		TITLE	P MARC B. LEQUERE 4611 N.W. GASTONIA STREET PORT ST. LUCIE, FL 34983	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VP NASO, JOHN 456 NW CASANOVA CIRCLE PORT ST. LUCIE FL 34986	<input checked="" type="checkbox"/> Delete		TITLE	VP JOHN MARKOWSKI 120 SW. CARTER AVE PORT ST. LUCIE, FL. 34983	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	RS WHEELER, MARGARET A 5501-NW EVANSTON-AVE PT. ST. LUCIE FL 34983	<input type="checkbox"/> Delete	<i>9/13/07</i>	TITLE	800108563428 09/18/07--01021--026 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	T SCHAUS, CATHERINE E 1671 SW VICTOR LANE PT. ST. LUCIE FL 34984	<input checked="" type="checkbox"/> Delete		TITLE	T. Genco Paula 2997 S. E Cabana Ln Port St Lucie FL 34952	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D GLAZ, MARION 280 SW LUCERO DR. PORT ST. LUCIE FL 34983	<input checked="" type="checkbox"/> Delete		TITLE	D Grochowski Romek 462 Hermando St. Ft. Pierce FL 34986	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D KRYAK, ROBERT 14 LAKE VISTA TRAIL #105 PORT SAINT LUCIE FL 34950	<input checked="" type="checkbox"/> Delete		TITLE	D Strumeci Janusz 4900 Eagle Dr Ft. Pierce FL 34951	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *John Markowski* John Markowski Sept 10/2007 772-879-9616