

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737598

FILED  
Sep 10, 2008  
Secretary of State

Entity Name: POLISH-AMERICAN SOCIAL CLUB, INC.

**Current Principal Place of Business:**

343 N.W. PRIMA VISTA BLVD.  
PT. ST. LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

343 N.W. PRIMA VISTA BLVD.  
PT. ST. LUCIE, FL 34983

**New Mailing Address:**

FEI Number: 59-1876966      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LEQUERE, MARC  
4611 NW GASTONIA ST  
PORT ST LUCIE, FL 34983      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: P      ( ) Delete  
Name: LEQUERE, MARC B  
Address: 4611 NW GASTONIA ST  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: V      ( ) Delete  
Name: MARKOWSKI, JOHN  
Address: 120 SW CARTER AVE  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: RS      ( ) Delete  
Name: WHEELER, MARGARET A  
Address: 5501 NW EVANSTON AVE  
City-St-Zip: PT. ST. LUCIE, FL 34983

Title: T      ( ) Delete  
Name: GENCO, PAULA  
Address: 2897 SE CABANA LN  
City-St-Zip: PT. ST. LUCIE, FL 34952

Title: D      ( ) Delete  
Name: GROCHOWSKI, ROMEK  
Address: 462 HERNANDO ST  
City-St-Zip: FT PIERCE, FL 34986

Title: D      (X) Delete  
Name: STRUMECKI, JANUSZ  
Address: 4900 EAGLE DR  
City-St-Zip: FT PIERCE, FL 34951

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MRS      (X) Change ( ) Addition  
Name: GENCO, PAULA M  
Address: 2897 SE CABANA LN  
City-St-Zip: PT. ST. LUCIE, FL 34952

Title: MRS      (X) Change ( ) Addition  
Name: GENCO, PAULA M  
Address: 2897 SE CABANA LN  
City-St-Zip: PT. ST. LUCIE, FL 34952

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAULA M. GENCO

Electronic Signature of Signing Officer or Director

TREA

09/10/2008

Date