

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737598

FILED  
Apr 07, 2009  
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 ( )

**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:**

GENCO, PAULA PRES  
2897 SE CABANA LN  
PORT ST LUCIE, FL 34952 US

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: PAULA GENCO

04/07/2009

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

Title: MRS ( ) Delete  
Name: GENCO, PAULA M  
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

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

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

Title: VICE (X) Change ( ) Addition  
Name: MARKOWSKI, JOHN MR  
Address: 120 SW CARTER AVE  
City-St-Zip: PORT ST. LUCIE, FL 34983 SL

Title: TRES (X) Change ( ) Addition  
Name: WILLIAM, MARSH J MR.  
Address: 55 MEDITERRANEAN BLVD EAST  
City-St-Zip: PT. ST. LUCIE, FL 34952 SL

Title: DIR (X) Change ( ) Addition  
Name: MROZ, IRENE MRS.  
Address: 20 MEDITERRANEAN BLVD. EAST  
City-St-Zip: PT. ST. LUCIE, FL 34952

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

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 GENCO

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date