

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737598

FILED
Feb 22, 2010
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:

GENCO, PAULA PRES
2897 SE CABANA LN
PORT ST LUCIE, FL 34952 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: PRES
Name: GENCO, PAULA MRS
Address: 2897 SE CABANA LN
City-St-Zip: PORT ST LUCIE, FL 34952 SL

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

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

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

Title: 2 V
Name: CHLOPEKI, VINCENT MR.
Address: 508 NW AGINE AVE
City-St-Zip: PT. ST. LUCIE, FL 34983 SL

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: PAULA M. GENCO

PRES

02/22/2010

Electronic Signature of Signing Officer or Director

Date