

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737598

FILED
Mar 10, 2012
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:

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

Current Mailing Address:

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

New Mailing Address:

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

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:

SWIERKOWSKI, BARBARA PRES
426 NW COOLWATER CT
PORT ST LUCIE, FL 34986 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: BARBARA SWIERKOWSKI

03/10/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: SWIERKOWSKI, BARBARA MRS
Address: 426 NW COOLWATER CT
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: VICE
Name: MARSH, ALICE C MRS.
Address: 55 MEDITERRANEAN BLVD EAST
City-St-Zip: PORT ST. LUCIE, FL 34952 US

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

Title: DIR
Name: BETSCH, JOAN MRS.
Address: 313 NW ALANA
City-St-Zip: PT. ST. LUCIE, FL 34986 US

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

Title: SEC
Name: GENCO, PAULA
Address: 2897 SE CABANA LN
City-St-Zip: PORT ST LUCIE, FL 349852 US

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: WILLIAM J MARSH

TRES

03/10/2012

Electronic Signature of Signing Officer or Director

Date