

# FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 761604 (8)**  
1. Corporation Name  
**THE POLISH-AMERICAN SOCIAL CLUB OF VERO BEACH, F LORIDA, INC.**



Principal Place of Business <b>7500 N. US #1 P.O. BOX 6508 VERO BCH FL 32961</b>	Mailing Address <b>7500 N. US #1 P.O. BOX 6508 VERO BCH FL 32961</b>
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3. Date Incorporated or Qualified <b>01/26/1982</b>	3a. Date of Last Report <b>03/09/1995</b>
4. FEI Number <b>59-2242674</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

**9. Name and Address of Current Registered Agent**

**KRAWCZYKIEWICZ, PAUL  
845 29TH AVENUE  
VERO BEACH FL 32960**

**10. Name and Address of New Registered Agent**

81. Name <b>James Lupardo</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>518 Crooked Lake Lane #B</b>
83. City <b>Ft. Pierce</b>
84. State <b>FL</b>
85. Zip Code <b>34982</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE James Lupardo *James Lupardo* DATE 3-29-96  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KRAWCZYKIEWICZ, PAUL</b>
STREET ADDRESS	<b>845 20TH AVENUE</b>
CITY-ST-ZIP	<b>VERO BEACH FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>POLACKWICH, APHONSUS J</b>
STREET ADDRESS	<b>601 IRIS LANE</b>
CITY-ST-ZIP	<b>VERO BEACH FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>GAVORA, MARY</b>
STREET ADDRESS	<b>1865 1ST STREET</b>
CITY-ST-ZIP	<b>VERO BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JOHNSTON, ALZADA</b>
STREET ADDRESS	<b>15 ECUADOR WAY</b>
CITY-ST-ZIP	<b>FORT PIERCE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LIBBOS, GEORGE</b>
STREET ADDRESS	<b>897 WENTWORTH STREET</b>
CITY-ST-ZIP	<b>SEBASTIAN FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LUPARDO, JAMES S</b>
STREET ADDRESS	<b>518 CROOKED LAKE LANE #B</b>
CITY-ST-ZIP	<b>FT. PIERCE FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Lupardo, James</b>
1.3 STREET ADDRESS	<b>518 Crooked Lake Lane #B</b>
1.4 CITY-ST-ZIP	<b>Ft. Pierce, FL 34982</b>
2.1 TITLE	<b>Vice Pres.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Polackwich, Alphonsus</b>
2.3 STREET ADDRESS	<b>601 Iris Lane</b>
2.4 CITY-ST-ZIP	<b>VERO BEACH, FL 32963</b>
3.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Gavora, Mary</b>
3.3 STREET ADDRESS	<b>1865 1st Street</b>
3.4 CITY-ST-ZIP	<b>VERO BEACH, FL 32962</b>
4.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Johnston, Alzada</b>
4.3 STREET ADDRESS	<b>15 Ecuador Way</b>
4.4 CITY-ST-ZIP	<b>Ft. Pierce, FL 34951</b>
5.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Libbos, George</b>
5.3 STREET ADDRESS	<b>897 Wentworth St.</b>
5.4 CITY-ST-ZIP	<b>SEBASTIAN, FL 32958</b>
6.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Ochmanski, Charles</b>
6.3 STREET ADDRESS	<b>P. O. Box 650592</b>
6.4 CITY-ST-ZIP	<b>VERO BEACH, FL 32962</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James Lupardo *James Lupardo* DATE 3-29-96 407-465-6424  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)