

8-14-97 B-8184 C

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 14 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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

Principal Place of Business Mailing Address  
 7500 N. US #1 P.O. BOX 6508 VERO BCH FL 32961  
 7500 N. US #1 P.O. BOX 6508 VERO BCH FL 32961



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 01/26/1982 3a. Date of Last Report 04/04/1996  
 4. FEI Number 59-2242674 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 LUPARDO, JAMES  
 518 CROOKED LAKE LANE #B  
 FT PIERCE FL 34982

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P LUPARDO, JAMES	1.1 TITLE	
NAME	LUPARDO, JAMES	1.2 NAME	
STREET ADDRESS	518 CROOKED LAKE LANE #B	1.3 STREET ADDRESS	Same
CITY-ST-ZIP	FT PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	VP POLACKWICH, APHONSUS J	2.1 TITLE	
NAME	POLACKWICH, APHONSUS J	2.2 NAME	Same
STREET ADDRESS	601 IRIS LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	T GAVORA, MARY	3.1 TITLE	
NAME	GAVORA, MARY	3.2 NAME	Same
STREET ADDRESS	1865 1ST STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D JOHNSTON, ALZADA	4.1 TITLE	
NAME	JOHNSTON, ALZADA	4.2 NAME	Same
STREET ADDRESS	15 ECUADOR WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	4.4 CITY-ST-ZIP	
TITLE	D LIBBOS, GEORGE	5.1 TITLE	D
NAME	LIBBOS, GEORGE	5.2 NAME	Macko, Catherine
STREET ADDRESS	897 WENTWORTH STREET	5.3 STREET ADDRESS	2465 1st Place
CITY-ST-ZIP	SEBASTIAN FL	5.4 CITY-ST-ZIP	Vero Beach, FL
TITLE	D LUPARDO, JAMES S	6.1 TITLE	D
NAME	LUPARDO, JAMES S	6.2 NAME	Ochmanski, Charles
STREET ADDRESS	518 CROOKED LAKE LANE #B	6.3 STREET ADDRESS	P. O. Box 650592
CITY-ST-ZIP	FT. PIERCE FL	6.4 CITY-ST-ZIP	Vero Beach, FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, President

SIGNATURE SIGNATURE REQUIRED

CFR2037 (4/97)