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**Feb 04 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

3. Date Incorporated or Qualified
01/26/1982

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**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 Country 28 Zip Country

24 25 29 30

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 **BARBARA CHUDZINSKI**

82 Street Address (P.O. Box Number is Not Acceptable)
501 BELFAST TERRACE

83

84 City **SEBASTIAN FL** 85 Zip Code **32958**

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 Barbara Chudzinski DATE 1-16-98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P	LUPARDO, JAMES 518 CROOKED LAKE LANE #B FT PIERCE FL	1.1 TITLE PRESIDENT
<input checked="" type="checkbox"/> DELETE		1.2 NAME BARBARA CHUDZINSKI
TITLE VP	POLACKWICH, APHONSUS J 601 IRIS LANE VERO BEACH FL	1.3 STREET ADDRESS 501 BELFAST TERRACE
<input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP SEBASTIAN, FL. 32958
TITLE T	GAVORA, MARY 1865 1ST STREET VERO BEACH FL	2.1 TITLE
<input checked="" type="checkbox"/> DELETE		2.2 NAME
TITLE D	JOHNSTON, ALZADA 15 ECUADOR WAY FORT PIERCE FL	2.3 STREET ADDRESS
<input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP
TITLE D	MACKO, CATHERINE 2465 LAT PLACE VERO BEACH FL	3.1 TITLE TREASURER
<input type="checkbox"/> DELETE		3.2 NAME EILEEN ANDREWS.
TITLE D	OCHMANSKI, CHARLES P O BOX 650592 N/A VEOR BEACH FL	3.3 STREET ADDRESS 400 NORTH EGRET CIRCLE
<input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP BAREFOOT BAY, FL. 32976
		4.1 TITLE
		4.2 NAME
		4.3 STREET ADDRESS
		4.4 CITY-ST-ZIP
		5.1 TITLE
		5.2 NAME
		5.3 STREET ADDRESS
		5.4 CITY-ST-ZIP
		6.1 TITLE
		6.2 NAME
		6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Barbara Chudzinski DATE 1-16-98

Signature and typed or printed name of signing officer or director Date

CR2E037 (10/97)