2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761604

Entity Name: THE POLISH-AMERICAN SOCIAL CLUB OF VERO BEACH, FLORIDA, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
7500 N. US #1, BOX 6508 VERO BCH, FL 32961	

Current Mailing Address:	**New Mailing Address:**
7500 N. US #1 P.O. BOX 6508 VERO BCH, FL 32961	

FEI Number: 59-2242674   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
GEMBALA, EILEEN 425 EGRET CIRCLE BAREFOOT BAY, FL 32976 US	JOHNSON, ELAINE 13035 BAY ST BOX 52 ROSELAND, FL 32957 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: ELAINE JOHNSON   03/31/2012

_____Electronic Signature of Registered Agent_____   _____Date_____

OFFICERS AND DIRECTORS:

Title: P
Name: RICARD, YVON
Address: 23 PLANTATION DRIVE
City-St-Zip: VERO BEACH, FL 32966 US

Title: T
Name: JOHNSON, ELAINE
Address: 13035 BAY ST
City-St-Zip: ROSELAND, FL 32957 US

Title: D
Name: LILLEGARD, PAULINE
Address: 656 ATLANTUS TERR
City-St-Zip: SEBASTIAN, FL 32958 US

Title: S
Name: DELAURO, BLANCHE
Address: 230 MARDI GRAS AVE
City-St-Zip: PALM BAY, FL 32907

Title: SEC
Name: EISENBERG, SUSAN
Address: 1935 SPOTTED OWL DRIVE
City-St-Zip: VERO BEACH, FL 32962 US

Title: D
Name: FLEMING, GLORIA
Address: 9575 PARKER DR
City-St-Zip: SEBASTIAN, FL 32958 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: ELAINE JOHSNON   T   03/31/2012

_____Electronic Signature of Signing Officer or Director_____   _____Date_____