FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 APR 10 PM 1:43

DOCUMENT # **764247** **(3)**

1. Corporation Name

POLISH-AMERICAN CLUB OF COLLIER COUNTY, INC.

Principal Place of Business	Mailing Address
2896 44TH ST SW GOLDEN GATE FL 33999	2896 44TH ST SW GOLDEN GATE FL 33999

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1982
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2369522 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Golden Gate Community Center	20 3410 17th AVE S.W.
Suite, Apt. #, etc. 22 4701 Golden Gate Pkwy	Suite, Apt. #, etc. 27
City & State 23 NAPLES FL	City & State 28 NAPLES FL
Zip / Country 24 33999 / 25 USA	Zip / Country 29 33964 / 30 USA

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GONSIEWSKI, JEROME 3410-17TH AVE., S.W. NAPLES FL 33964	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: JEROME A. GONSIEWSKI — 4/6/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHWARZ, ANNE	1.2 NAME	
STREET ADDRESS	160 TENTH ST., S.E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN GATE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WRÖBEL, EDWARD	2.2 NAME	
STREET ADDRESS	120 MENTOR DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ABRAMATIS, HELEN	3.2 NAME	
STREET ADDRESS	50-9TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SHORES FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	MACIEJEWICZ, NORMA	4.2 NAME	
STREET ADDRESS	2896-44 ST.,S.W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN GATE FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	NOWSELSKI, STANLEY	5.2 NAME	
STREET ADDRESS	66 EIGHTH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	☐ Change ☐ Addition
NAME	GONSIEWSKI, JEROME	6.2 NAME	
STREET ADDRESS	3410-17TH AVE., S.W.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	

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)(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: Norma Maciejewicz Treasurer 4/5/95 (813)-455-4924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #