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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:19

DOCUMENT # N01240 (3)

1. Corporation Name
AMERICAN-SLAVIC CLUB OF LEE COUNTY, INC.

Principal Place of Business	Mailing Address
% MICHAEL A. GENNARO 4635 S.DEL PRADO BLVD. CAPE CORAL FL 33904	% MICHAEL A. GENNARO 4635 S.DEL PRADO BLVD. CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1984
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-2190443 ☐ 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. 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

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip # (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

JAKL, JOSEPH
1952 SE 31ST STREET
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name: JOHN PASKIEWICZ
82 Street Address (P.O. Box Number is Not Acceptable): 4201 CORONADO PARKWAY
83 CAPE CORAL
84 City: FL 85 Zip Code: 33904

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: [signature] 4-23-95
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	PRESIDENT / D	☑ Change ☐ Addition
NAME	BILEWICZ, WILMA	1.2 NAME	JOHN PASKIEWICZ	
STREET ADDRESS	558 SIR WALTERS WAY	1.3 STREET ADDRESS	4201 CORONADO PKWY	
CITY-ST-ZIP	N. FORT MYERS FL 33917	1.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	D	2.1 TITLE	1ST V.P. / D	☑ Change ☐ Addition
NAME	MARIK, WILMA	2.2 NAME	JULIE FOUS	
STREET ADDRESS	122 SW 59TH STREET	2.3 STREET ADDRESS	8949 BEACON STREET	
CITY-ST-ZIP	CAPE CORAL FL 33914	2.4 CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE	~~P~~ D	3.1 TITLE	~~JOAN SEBEK~~ 2ND V.P. / D	☑ Change ☐ Addition
NAME	JAKL, JOSEPH	3.2 NAME	JOAN SEBEK	
STREET ADDRESS	1952 SE 31ST STREET	3.3 STREET ADDRESS	1409 S.E. 28TH TERR.	
CITY-ST-ZIP	CAPE CORAL FL 33904	3.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	S	4.1 TITLE	TREASURER / D	☑ Change ☐ Addition
NAME	PESIK, JACK	4.2 NAME	MARION FLISS	
STREET ADDRESS	5346 MIKADO COURT	4.3 STREET ADDRESS	905 S.E. 23RD TERR.	
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE	V	5.1 TITLE	SECRETARY / D	☑ Change ☐ Addition
NAME	SEBEK, RICHARD	5.2 NAME	ANN SCHAEPPI	
STREET ADDRESS	1409 SE 28TH TERRACE	5.3 STREET ADDRESS	4108 COUNTRY CLUB BLVD	
CITY-ST-ZIP	CAPE CORAL FL 33904	5.4 CITY-ST-ZIP	CAPE CORAL, FL. 33904	
TITLE	S	6.1 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	PESIK, MARY	6.2 NAME	BOHUMIL DOHALSKY	
STREET ADDRESS	5346 MIKADO COURT	6.3 STREET ADDRESS	5216 SEAGULL COURT	
CITY-ST-ZIP	CAPE CORAL FL 33904	6.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	

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: [signature] 4-23-95 (813) 542-4702
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — (Daytime Phone #)
JOHN PASKIEWICZ

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