

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 4:26

DOCUMENT # **N31712 (5)**
1. Corporation Name
POLISH AMERICAN SOCIAL CLUB OF BEVERLY HILLS, IN C.

Principal Place of Business Mailing Address
PO BOX 640125 BEVERLY HILLS FL 34464-0125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/14/1989** 3a. Date of Last Report **03/10/1994**
4. FEI Number **59-2965314** 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 2a. Mailing Address
21 **P.O. BOX 640125** 26 **P.O. BOX 640125**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 **BEVERLY HILLS FL.** 28 **BEVERLY HILLS FL.**
24 **34464** 25 **U.S.A.** 29 **34464** 30 **U.S.A.**

9. Name and Address of Current Registered Agent
BRETT, H. JAMES
511 EAST PENNSYLVANIA AVENUE
DUNNELLON FL 32630

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 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TR
NAME	MACK, ED
STREET ADDRESS	3905 N. SEMINOLE PL
CITY-ST-ZIP	CRYSTAL RIVER FL 34428
TITLE	T
NAME	KLEIN, STEVE
STREET ADDRESS	68 W. SUGARBERRY LN
CITY-ST-ZIP	BEVERLY HILLS FL 34405
TITLE	TR
NAME	MIKUTEL, JOHN
STREET ADDRESS	111 GOLDEN TUFF CO
CITY-ST-ZIP	BEVERLY HILLS FL 34465
TITLE	P
NAME	KATARYNIAK, MYRON
STREET ADDRESS	82 S OSCEOLA ST
CITY-ST-ZIP	BEVERLY HILLS FL 34465
TITLE	V
NAME	SHIPLEY, JEAN
STREET ADDRESS	6079 N SILVER PALM WAY
CITY-ST-ZIP	BEVERLY HILLS FL 34465
TITLE	S
NAME	STOFFEL, ELLA
STREET ADDRESS	45 REGINA BLVD
CITY-ST-ZIP	BEVERLY HILLS FL 34465

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P JEAN SHIPLEY
1.3 STREET ADDRESS	6079 N SILVER PALM WAY
1.4 CITY-ST-ZIP	BEVERLY HILLS FL 34465
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	I-V. LORRAINE MAZONER
2.3 STREET ADDRESS	425 W SUGARMAPLE LANE
2.4 CITY-ST-ZIP	BEVERLY HILLS FL 34465
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	2-V LAWRENCE ZAPPULLA
3.3 STREET ADDRESS	6949 V SEDATE CT.
3.4 CITY-ST-ZIP	HOMO SASSO FL 34446
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T TREASURER
4.3 STREET ADDRESS	GENEVIEVE SUPERGAN
4.4 CITY-ST-ZIP	1194 N. LION CLUB PT. LECANTO FL 34465
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	S SECRETARY
5.3 STREET ADDRESS	BERNICE BANDUR
5.4 CITY-ST-ZIP	399 W SUGARMAPLE LANE BEVERLY HILLS FL 34465
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MR. JERRY NAZAR
6.3 STREET ADDRESS	3229 JUNIPERUS WAY
6.4 CITY-ST-ZIP	BEVERLY HILLS FL 34465

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 110.07(3)(b), 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: Bernice Bandur **BERNICE BANDUR** 1/27/95 904-746-4659
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date