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Secretary of State

04-22-1999 90169 050 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N31712

1. Corporation Name
POLISH AMERICAN SOCIAL CLUB OF BEVERLY HILLS, IN C.

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

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 390375 - 90169 - 50



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	04/14/1989
22	City & State	City & State	4. FEI Number
	Zip	Zip	59-2965314
23	Country	Country	Applied For
			Not Applicable
24	Country	Country	5. Certificate of Status Desired
			<input type="checkbox"/> \$8.75 Additional Fee Required
			6. Election Campaign Financing Trust Fund Contribution
			<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRETT, H. JAMES 20093 E PENNSYLVANIA AVE DUNNELLON FL 34432		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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	P JAZWINSKI HENRY S
NAME	JAZWIWSKI, HENRY S	1.2 NAME	
STREET ADDRESS	7219 SW 115 TH LN	1.3 STREET ADDRESS	7219 SW 115TH LN
CITY-ST-ZIP	OCALA FL 34476	1.4 CITY-ST-ZIP	OCALA FL 34476
TITLE	P	2.1 TITLE	V.P.
NAME	MAZUREK, LORRAINE	2.2 NAME	MALINCHAK MAY
STREET ADDRESS	425 SUGARMAPLE LANE	2.3 STREET ADDRESS	8540 SW 108ST
CITY-ST-ZIP	BEVERLY HILLS FL 34465	2.4 CITY-ST-ZIP	OCALA FL 34476
TITLE	T	3.1 TITLE	V.P.
NAME	DEMBKOWSKI, CHESTER J	3.2 NAME	WARHOL MARY LOU
STREET ADDRESS	84 W. ROYAL FERN PL	3.3 STREET ADDRESS	503 S. BARBOUR ST
CITY-ST-ZIP	BEVERLY HILLS FL 34465	3.4 CITY-ST-ZIP	BEVERLY HILLS FL 34465
TITLE	TR	4.1 TITLE	SECRETARY
NAME	KOPERA, GILBERT	4.2 NAME	BANDUR BERNICE
STREET ADDRESS	4361 N. BACALL LP	4.3 STREET ADDRESS	3579 N. WILLOWTREE PT.
CITY-ST-ZIP	BEVERLY HILLS FL 34465	4.4 CITY-ST-ZIP	BEVERLY HILLS FL 34465
TITLE	TR	5.1 TITLE	PAST PRESIDENT
NAME	MIKUTEL, JOHN	5.2 NAME	MAZUREK LORRAINE
STREET ADDRESS	111 GOLDEN TUFF CT.	5.3 STREET ADDRESS	425 W. SUGAR MAPLE LANE
CITY-ST-ZIP	BEVERLY HILLS FL 34465	5.4 CITY-ST-ZIP	BEVERLY HILLS FL 34465
TITLE	TR	6.1 TITLE	
NAME	SHIPLEY, JEAN	6.2 NAME	
STREET ADDRESS	11644 SW 70TH CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34476	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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
 3/16/99 352 873 0928
 Date Daytime Phone #