

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90509 009 ****61.25

DOCUMENT # N31712

1. Entity Name

**POLISH AMERICAN SOCIAL CLUB OF BEVERLY HILLS,
INC.**



Principal Place of Business

**PO BOX 640125
BEVERLY HILLS FL 34464**

Mailing Address

**PO BOX 640125
BEVERLY HILLS FL 34464**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2965314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRETT, H. JAMES
20093 E PENNSYLVANIA AVE
DUNNELLON FL 34432**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LIPSKI, ELEANOR L**
STREET ADDRESS **3310 N. TAMARISK AVE.**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE **TR** ☐ Delete
NAME **WEST, MARGARET**
STREET ADDRESS **2838 E. NEW HAVEN**
CITY-ST-ZIP **INVERNESS FL 34453**

TITLE **T** ☐ Delete
NAME **SZTURNA, JOSEPHINE**
STREET ADDRESS **217 S. HARRISON ST.**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE **TR** ☐ Delete
NAME **LOPRESTI, MIKE**
STREET ADDRESS **8 MONTANA ST.**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

DECEASED

TITLE **TR** ☐ Delete
NAME **DUNTON, JOANNE**
STREET ADDRESS **14 TALL MARIGOLD**
CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE **TVP** ☐ Delete
NAME **WILMOTH, LORRAINE**
STREET ADDRESS **425 W. SUGARMAPLE LANE**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TRUSTEE** ☒ Change ☐ Addition
NAME **JOHN KOTWICA**
STREET ADDRESS **4379 N. BACALL LOOP**
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Josephine Szturma
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04
Date

(352) 746-5471
Daytime Phone #