


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90027 031 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KAMINSKI, STANLEY 9011 N. DICKENS DR. DUNNELLON, FL 34434				Name <u>JEAN SHIPLEY</u> Street Address (P.O. Box Number is Not Acceptable) <u>11644 SW 70th COURT</u> City <u>OCALA</u> <u>FL</u> Zip Code <u>34476</u>	
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 <u>[Signature]</u> <u>PRESIDENT</u> <u>3-27-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAMINSKI, STANLEY 9011 N. DICKENS DR. CITRUS SPRINGS, FL 34434 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHIPLEY, JEAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11644 SW 70th COURT OCALA, FL 34476		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUNTON, ROBERT 14 TALL MARIGOLDS HOMOSASSA, FL 34446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DABROWSKI, JANINA 420 E. CUMBERLAND CT. HERNANDO, FL 34465 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAMINSKI, BESSIE W 9011 N. DICKENS DR. CITRUS SPRINGS, FL 34434 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWARHOL, MARY LOU <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 503 S. BARBOUR STREET BEVERLY HILLS, FL 34465		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>[Signature]</u> <u>JEAN SHIPLEY</u> <u>3-26-08</u> <u>1-352-873-1368</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



01292008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2965314

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required