


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 #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



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**

6. Name and Address of Current Registered Agent

**KAMINSKI, STANLEY
 9011 N. DICKENS DR.
 DUNNELLON, FL 34434**

7. Name and Address of New Registered Agent

Name **JEAN SHIPLEY**

Street Address (P.O. Box Number is Not Acceptable)
11644 SW 70th COURT

City **OCALA** FL Zip Code **34476**

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  **PRESIDENT** DATE **3-27-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

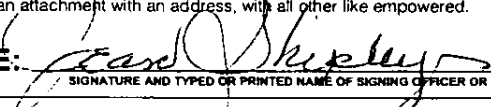
Filing Fee is **\$61.25** Due by **May 1, 2008**

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 | | 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 | S 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:  **JEAN SHIPLEY** DATE **3-26-08** DAYTIME PHONE # **1-352-873-4368**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR