

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N51037

1. Entity Name
POLISH-AMERICAN SOCIETY OF VENICE, INC.



Principal Place of Business

P.O. BOX 1331
VENICE, FL 34284 US

Mailing Address

P.O. BOX 1331
VENICE, FL 34284 US



04052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2650072

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

LUSZCZEWSKI, LUCJAN
2003 WHITE FEATHER LANE
NOKOMIS, FL 34275

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1VP
BANACH DUNKOWSKI, MARIA
403 BAYSHORE DR
VENICE, FL 34285

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
PYRKOWSKI, WANDA
1415 RINGTAIL ROAD
VENICE, FL 34293

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
KARAS, IRENE
1643 VALLEY DR.
VENICE, FL 34292

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PIATEK, IRENE
257 FAIRWAY RD.
ROTONDA WEST, FL 33947

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2VP
GINTNER, BARBARA
2353 S CHAMBERLAIN BLVD
NORTH PORT, FL 34286

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SA
JABLONSKI, CZESLAW
138 BREMAR AVE.
VENICE, FL 34243

U00000705492
04/23/07-80055-011 8.75

U00000705492
04/23/07-80055-010 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-07