


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90032 021 ****61.25

| | | | | | |
|--|--|---|---|---|--|
| 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 | | |
| 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 | | Country | | 4. FEI Number 59-2650072 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent LUSZCZEWSKI, LUCJAN 2003 WHITE FEATHER LANE NOKOMIS, FL 34275 | | | | 7. Name and Address of New Registered Agent Name <u>BARBARA GINTNER</u> Street Address (P.O. Box Number is Not Acceptable) <u>2353 S. CHAMBERLAIN BLVD</u> City <u>NORTH PORT</u> FL <u>34286</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>Barbara Gintner</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE <u>APRIL 5th, 2008</u> | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | 1VP BANACH DUNKOWSKI, MARIA 403 BAYSHORE DR VENICE, FL 34285 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1VP K0245210F MEDRZYCKI 1386 QUEEN Rd. VENICE FL 34293 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PYRKOWSKI, WANDA 1415 RINGTAIL ROAD VENICE, FL 34293 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2VP JABLONSKI HARRIET LEWANDOWSKI 306 GONDOLA PARK Dr. VENICE FL 34292 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KARAS, IRENE 1643 VALLEY DR. VENICE, FL 34292 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P. BARBARA GINTNER 2353 S. CHAMBERLAIN BLVD. NORTH PORT FL 34286 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PIATEK, IRENE 257 FAIRWAY RD. ROTONDA WEST, FL 33947 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SA JABLONSKI, CZESLAW 138 BREMAR AVE. VENICE, FL 34243 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2VP GINTNER, BARBARA 2353 S CHAMBERLAIN BLVD NORTH PORT, FL 34286 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SA JABLONSKI, CZESLAW 138 BREMAR AVE. VENICE, FL 34243 | <input checked="" type="checkbox"/> Delete |
| 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>Barbara Gintner</u> <u>BARBARA GINTNER</u> 4508 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |