

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51037

FILED
Mar 30, 2009
Secretary of State

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

Current Principal Place of Business:

P.O. BOX 1331
VENICE, FL 34284 US

New Principal Place of Business:

2353 S CHAMBERLAIN BLVD
NORTH PORT, FL 34286 US

Current Mailing Address:

P.O. BOX 1331
VENICE, FL 34284 US

New Mailing Address:

FEI Number: 59-2650072 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GINTNER, BARBARA
2353 S CHAMBERLAIN BLVD
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: 1VP () Delete
Name: KEZYSZTOF, MEDRZYCKI
Address: 1386 QUEEN RD
City-St-Zip: VENICE, FL 34293

Title: 2VP () Delete
Name: LEWANDOWSKI, HARRIET
Address: 306 GONDOLA PARK DR
City-St-Zip: VENICE, FL 34292

Title: S () Delete
Name: KARAS, IRENE
Address: 1643 VALLEY DR.
City-St-Zip: VENICE, FL 34292

Title: D () Delete
Name: PIATEK, IRENE
Address: 257 FAIRWAY RD.
City-St-Zip: ROTONDA WEST, FL 33947

Title: P () Delete
Name: GINTNER, BARBARA
Address: 2353 S CHAMBERLAIN BLVD
City-St-Zip: NORTH PORT, FL 34286

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: 1VP (X) Change () Addition
Name: KRZYSZTOF, MEDRZYCKI
Address: 1386 QUEEN RD
City-St-Zip: VENICE, FL 34293

Title: 2VP (X) Change () Addition
Name: RADOMSKI, BOGDAN
Address: 263 N ROTONDA BLVD
City-St-Zip: ROTONDA WEST, FL 33947

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: PYRKOWSKI, WANDA
Address: 1415 RINGTAIL RD
City-St-Zip: VENICE, FL 34293

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WANDA PYRKOWSKI

TREA

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date