2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51037

FILED Mar 15, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2353 S CHAMBERLAIN BLVD 3801 WAYWARD AVE

NORTH PORT, FL 34286 US NORTH PORT, FL 34286 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1331

VENICE, FL 34284 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GINTNER, BARBARA
2353 S CHAMBERLAIN BLVD
3801 WAYWARD AVE

NORTH PORT, FL 34286 US NORTH PORT, FL 34286 US

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: 03/15/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: 1VP

Name: KRZYSZTOF, MEDRZYCKI Address: 243 ORTIZ BLVD

City-St-Zip: NORTH PORT, FL 34287

Title: 2VP

Name: ORZECHOWSKI, MAREK Address: 12072 MARGARITA AVE City-St-Zip: NORTH PORT, FL 34287

Title: TREA

 Name:
 DZIEWULSKI, ALICE

 Address:
 2132 SW 11TH CT

 City-St-Zip:
 CAPE CORAL, FL 33991

Title: PRES

Name: GINTNER, BARBARA
Address: 3801 WAYWARD AVE
City-St-Zip: NORTH PORT, FL 34286

Title: RS

Name: DUDZIAK, MARIA

Address: 664 WHITE PINE TREE RD City-St-Zip: VENICE, FL 35285

Title: CS

 Name:
 ZALESKII, EWA

 Address:
 2401 UPPAKRIK LN

 City-St-Zip:
 NOKOMIS, FL 34275

I hereby 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 all other like empowered.

SIGNATURE: BARBARA GINTNER PRES 03/15/2010