

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51037

FILED
Mar 03, 2011
Secretary of State

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

Current Principal Place of Business:

3801 WAYWARD AVE
NORTH PORT, FL 34286 US

New Principal Place of Business:

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
3801 WAYWARD AVE
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
Name: CHRIS, DZIEWULSKI
Address: 2132 SW 11TH CT
City-St-Zip: CAPE CORAL, FL 33991

Title: 2VP
Name: ORZECOWSKI, 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

03/03/2011

Electronic Signature of Signing Officer or Director

Date