

# 2009 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001683

1. Entity Name

POLISH AMERICAN CONGRESS OF FLORIDA, INC.



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JUN -5 PM 3:47

Principal Place of Business

Mailing Address

935 ROCK ISLAND ROAD  
NORTH LAUDERDALE, FL 33068

P.O. BOX 291465  
DAVIE, FL 33329

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 36-2732228

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Prof. ZDZISLAW WESOLOWSKI  
4021 SW 72 DRIVE, DAVIE, FL 33314

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]*

1 May 2009

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☒ \$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | P                       | <input type="checkbox"/> Delete |
| NAME           | Wesolowski Zdzislaw     |                                 |
| STREET ADDRESS | 4021 SW 72 Drive        |                                 |
| CITY-ST-ZIP    | DAVIE, FL 33314         |                                 |
| TITLE          | VP                      | <input type="checkbox"/> Delete |
| NAME           | PARADOWSKI CHESTR       |                                 |
| STREET ADDRESS | 12338 NW 25 Street      |                                 |
| CITY-ST-ZIP    | CORAL SPRINGS, FL 33065 |                                 |
| TITLE          | SD                      | <input type="checkbox"/> Delete |
| NAME           | SHAW GRACE              |                                 |
| STREET ADDRESS | 2575 Garden Court       |                                 |
| CITY-ST-ZIP    | COOPER CITY, FL 33026   |                                 |
| TITLE          | TD                      | <input type="checkbox"/> Delete |
| NAME           | STEVENS ELIZABETH       |                                 |
| STREET ADDRESS | 2701-3 ARAGON BLVD.     |                                 |
| CITY-ST-ZIP    | SUNRISE, FL 33313       |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | SZCZEPKOWSKI ERIK       |                                 |
| STREET ADDRESS | 1700 -ADAMS STREET      |                                 |
| CITY-ST-ZIP    | HOLLIWOOD, FL 33020     |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 amendments.

SIGNATURE:

*[Signature]*

1 May 2009