

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755218

Entity Name: POLISH AMERICAN PULASKI CLUB, INC.**Current Principal Place of Business:**110 OCEAN HOLLOW LANE
#307
ST. AUGUSTINE, FL 32084**Current Mailing Address:**P.O. BOX 391327
DELTONA, FL 32739 US**FEI Number:** 59-6170622**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RIVERA, ANGELA
2951 OMAHA DR
DELTONA, FL 32738 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:** ANGELA RIVERA

01/16/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	VOPARIL, JAN
Address	110 OCEAN HOLLOW LANE #307
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	SECRETARY
Name	COTTON, IRENE
Address	812 BLACK DUCK DRIVE
City-State-Zip:	PORT ORANGE FL 32127

Title	DIRECTOR
Name	MURKETT, CAROL
Address	1423 NEW BOLTON DRIVE
City-State-Zip:	PORT ORANGE FL 32129

Title	DIRECTOR
Name	SPETLAND, BARBARA
Address	55 SEAWINDS CIRCLE
City-State-Zip:	PONCE INLET FL 32127

Title	VP
Name	TURK, BRAD JAMES
Address	5270 SW 37TH STREET
City-State-Zip:	OCALA FL 34474

Title	TREASURER
Name	ANGELA, RIVERA
Address	2951 OMAHA DRIVE
City-State-Zip:	DELTONA FL 32738

Title	DIRECTOR
Name	JUDD, AL
Address	1918 ORANGE TREE DRIVE
City-State-Zip:	EDGEWATER FL 32141

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: ANGELA RIVERA

TREASURER

01/16/2025

Electronic Signature of Signing Officer/Director Detail

Date