

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23950 (1)
1. Corporation Name
GENERAL K. PULASKI CITIZENS CLUB, INC.

Principal Place of Business Mailing Address
C/O CZESLAW JAWOROWSKI C/O CZESLAW JAWOROWSKI
5833 SE 140 STREET 5833 SE 140 STREET
SUMMERFIELD, FL34491 SUMMERFIELD FL.34491

3. Date Incorporated or Qualified **12/18/1987** 3a. Date of Last Report **03/25/1995**

2. Principal Place of Business 2a. Mailing Address
21 **Gen.K.Pulaski Citizens Club Inc.** 26 **Gen.K.Pulaski Citizens Club Inc.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **6221 SE 113th St** 27 **P.O. Box 584**
City & State **Belleview, Fl.** 28 **Belleview, Fl.**
23 **34421** 25 **USA** 29 **3421-0584** 30 **USA**
4. FEI Number **59-3017050**
Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
RAYMOND A. DLUGOBORSKI
15451 SE HWY 42
WEIRSDALE, FL. 32195

10. Name and Address of New Registered Agent
81 Name **Czeslaw JAWOROWSKI**
82 Street Address (P.O. Box Number is Not Acceptable) **5833 SE 140 STREET**
83
84 City **SUMMERFIELD, FL.** FL 85 **34491**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Stanislaw J. Wojdylo* **STANISLAW J. WOJDYLO** **03/21/96**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DLUGOBORSKI, RAYMOND A. <input type="checkbox"/> DELETE 15451 SE HWY 42 WEIRSDALE, FL. 32195	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D VICTORIA LECH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2406 EUSTON RD WINTER PARK, FL. 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STACHOWIAK WALTER, G. <input type="checkbox"/> DELETE 5650 SW 57TH AVE OCALA, FL. 34474	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D STARANOWICZ LUDWIK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3241 SE 56 TERRACE OCALA, FL. 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARANOWICZ JANINA <input type="checkbox"/> DELETE 3241 SE 56 TERRACE OCALA, FL. 34471	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	P DLUGOBORSKI, RAY. A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14591 SE HWY 42 WEIRSDALE, FL. 32195
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARANOWICZ LUDWIK <input type="checkbox"/> DELETE 3241 SE 56 TERRACE OCALA, FL. 34471	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VP CZYKIETA WALTER, S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4585 SE 58TH PLACE OCALA, FL. 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	T WOJDYLO STANISLAW J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4604 NW 21ST CT OCALA, FL. 34479-2026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100701 754 721 03/22/96-01038-027 **\$61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stanislaw J. Wojdylo* **STANISLAW J. WOJDYLO** **352-629-6579**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **03-22-96** Daytime Phone # **352-629-6579**

CR2E037 (12/95)