

FILE NOW: FILING FEE IS \$61.25

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Feb 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N23950 (1)**  
1. Corporation Name  
**GENERAL K. PULASKI CITIZENS CLUB, INC.**



Principal Place of Business <b>6221 SE 113 ST BELLEVIEW FL 34421</b>	Mailing Address <b>P.O. BOX 584 BELLEVIEW FL 34421-0584</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>12/18/1987</b>	3a. Date of Last Report <b>03/22/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-3017050</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**JAWAROWSKI, CZESLAW  
5833 SE 140 ST  
SUMMERFIELD FL 34491**

10. Name and Address of New Registered Agent

81. Name <b>RAYMOND A. DLUGOBORSKI</b>	
82. Street Address (P.O. Box Number is Not Acceptable) <b>15451 S.E. HWY 42</b>	
83. City <b>WEIRSDALE</b>	
84. State <b>FL</b>	85. Zip Code <b>32195</b>

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: **RAYMOND A. DLUGOBORSKI - PRESIDENT** *Raymond A Dlugoborski 2-1-97*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>DLUGOBORSKI, RAYMOND A.</b>
STREET ADDRESS	<b>15451 SE HWY 42</b>
CITY-ST-ZIP	<b>WEIRSDALE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LECH, VICTORIA</b>
STREET ADDRESS	<b>2406 EUSTON ROAD</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>LUGOBORSKI, RAYMOND E A</b>
STREET ADDRESS	<b>15451 SE HWY 42</b>
CITY-ST-ZIP	<b>WEIRSDALE FL 32195</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STACHOWIAK, WALTER G</b>
STREET ADDRESS	<b>3241 SE 58 TERR</b>
CITY-ST-ZIP	<b>OCALA FL 34474</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>CZYKIETA, WALTER S</b>
STREET ADDRESS	<b>4585 SE 58 PL</b>
CITY-ST-ZIP	<b>OCALA FL 34480</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>WOJDYLO, STANISLAW J</b>
STREET ADDRESS	<b>4804 NE 21 CT</b>
CITY-ST-ZIP	<b>OCALA FL 34479-2026</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>ROBERT L. BLAZEL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DIRECTOR</b>
2.3 STREET ADDRESS	<b>3 SILVER COURSE PLACE</b>
2.4 CITY-ST-ZIP	<b>OCALA, FL 34472-2221</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>JEAN SUPAL</b>
4.3 STREET ADDRESS	<b>13089 S.E. 55TH AVE ROAD</b>
4.4 CITY-ST-ZIP	<b>BELLEVIEW, FL 34420</b>
5.1 TITLE	<b>VILE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>VIRGINIA MARSLALEK</b>
5.3 STREET ADDRESS	<b>4730 S.E. 110TH ST. PO. 789</b>
5.4 CITY-ST-ZIP	<b>BELLEVIEW, FL 34420</b>
6.1 TITLE	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>ELIZABETH WOZNY</b>
6.3 STREET ADDRESS	<b>10420 S.E. 178TH ST.</b>
6.4 CITY-ST-ZIP	<b>SUMMERFIELD, FL 34491</b>

14. I do 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 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: *Robert L. Blazel* **ROBERT L. BLAZEL** 1/16/97 352-687-0398  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0064891

CR2E037 (9/96)