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02-24-1999 90018 034 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23950

1. Corporation Name
GENERAL K. PULASKI CITIZENS CLUB, INC.

Principal Place of Business GEN. K. PULASKI CITIZENS CLUB, INC. 6221 SE 113TH ST BELLEVUE FL 34420 US	Mailing Address GEN. K. PULASKI CITIZENS CLUB, INC. P. O. BOX 584 BELLEVUE FL 34421-0584 US
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2. Principal Place of Business 21 GEN. K. PULASKI CITIZENS CLUB Suite, Apt. #, etc. INC.	2a. Mailing Address GEN. K. PULASKI 26 CITIZENS CLUB, INC. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 12/18/1987
22 6221 S.E. 113TH STREET City & State	27 P.O. BOX 584 City & State	4. FEI Number 59-3017050 Applied For Not Applicable
23 BELLEVUE, FLORIDA Zip	28 BELLEVUE, FLORIDA Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 34420 25 USA	29 34421-0584 30 USA	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BARTOLIK, KAZIMIERZ
17964 SE 107TH CT
SUMMERFIELD FL 34491

10. Name and Address of New Registered Agent

81 Name **STARANOWICZ, JANINA**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **3241 SE 56TH TERRACE**
 84 City **OCALA, FL** 85 Zip Code **34471**

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 *Janina Staranowicz* **PRESIDENT/D.** *JAN. 12, 1999* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	DLUGOBORSKI, IRENE
STREET ADDRESS	15451 SE HWY 42
CITY-ST-ZIP	WEIRSDALE FL 32195
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BARTOLIK, KAZIMIERZ
STREET ADDRESS	17964 SE 107TH CT
CITY-ST-ZIP	SUMMERFIELD FL 34491
TITLE	D <input type="checkbox"/> DELETE
NAME	STARANOWICZ, LUDWIK
STREET ADDRESS	3241 SE 56TH TERRACE
CITY-ST-ZIP	OCALA FL 34471
TITLE	T <input type="checkbox"/> DELETE
NAME	STARANOWICZ, JANINA
STREET ADDRESS	3241 SE 56TH TERRACE
CITY-ST-ZIP	OCALA FL 34471
TITLE	D <input type="checkbox"/> DELETE
NAME	MARSZALEK, VIRGINIA
STREET ADDRESS	4730 SE 110TH ST
CITY-ST-ZIP	BELLEVUE FL 34420
TITLE	SA <input checked="" type="checkbox"/> DELETE
NAME	GRZYL, STANLEY
STREET ADDRESS	24515 SE HWY 450
CITY-ST-ZIP	UMATILLA FL 32748

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CZYKIETA, WALTER S.
1.3 STREET ADDRESS	4585 SE 58 PLACE
1.4 CITY-ST-ZIP	OCALA, FL 34480
2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ZABINSKI, VIRGINIA
2.3 STREET ADDRESS	14813 SW 112 CIRCLE
2.4 CITY-ST-ZIP	DUNNELLON, FL 34432
3.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STARANOWICZ, LUDWIK
3.3 STREET ADDRESS	3241 SE 56TH TERRACE
3.4 CITY-ST-ZIP	OCALA, FL 34471
4.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STARANOWICZ, JANINA
4.3 STREET ADDRESS	3241 SE 56TH TERRACE
4.4 CITY-ST-ZIP	OCALA, FL 34471
5.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARSZALEK, VIRGINIA
5.3 STREET ADDRESS	4730 SE 110TH STREET
5.4 CITY-ST-ZIP	BELLEVUE, FL 34420
6.1 TITLE	S/A <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ZALEWSKI, PAUL P.
6.3 STREET ADDRESS	14951 SW 35TH AVE ROAD
6.4 CITY-ST-ZIP	OCALA, FL 34473

14. 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 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, with all other like empowered.

SIGNATURE: *Ludwik Staranowicz* **STARANOWICZ, LUDWIK** *1/12/1999* *352-624-1352*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)