


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90030 014 ****70.00

DOCUMENT # N23950
1. Entity Name
GENERAL K. PULASKI CITIZENS CLUB, INC.



Principal Place of Business Mailing Address
GEN. K. PULASKI CITIZENS CLUB, INC.
6221 SE 113TH ST
BELLEVIEW FL 34420
US

GEN. K. PULASKI CITIZENS CLUB, INC.
P. O. BOX 584
BELLEVIEW FL 34421-0584
US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
STARANOWICZ, LUDWIK
8529 SW 91ST PL, UNIT B
OCALA FL 34481-9311

4. FEI Number **59-3017050** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name **JOSEPH SIEROTWICZ**
 Street Address (P.O. Box Number is Not Acceptable)
13815 SW 97TH AVENUE
 City **SUMMERFIELD** FL Zip Code **34491**

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 **JOSEPH SIEROTWICZ** *Joseph Sierotwicz* **JAN 29, 2004**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ARNOLD, GEORGE 1510 N. LAKEVIEW AVE LEESBURG FL 34748 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ROBERT L. BLAZEL 3 SILVER COURSE PL OCALA, FL. 34472-2221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BLAZEL, KATHRYN 3 SILVER COURSE PL OCALA FL 34472 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	FSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STARANOWICZ, LUDWIK 8529 SW 91 PL, UNIT B OCALA FL 34481-9311 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JEAN SUPAL 13089 S.E. 55TH AVE. BELLEVIEW, FL. 34420 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STARANOWICZ, JANINA 8529 SW 91 PL, UNIT B OCALA FL 34471 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WANDA PELTZ 13810 S.E. 87TH AVE SUMMERFIELD, FL. 34491 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FSD ARNOLD, HELGA 1510 N. LAKEVIEW AVE LEESBURG FL 34748 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FRANK HARTMANN 576 DOWLING CIRCLE LADY LAKE, FL. 32159 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SIEROTWICZ, JOSEPH 13815 SW 97TH AVENUE SUMMERFIELD FL 34491 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: ROBERT L. BLAZEL *Robert L. Blazel* **1/29/04** **352 687 0398**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #