


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N23950</b> 1. Entity Name GENERAL K. PULASKI CITIZENS CLUB, INC.					FILED 05 OCT 20 PM 8:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business GEN. K. PULASKI CITIZENS CLUB, INC. 6221 SE 113TH ST BELLEVIEW, FL 34420 US		Mailing Address 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.		<b>REINSTATEMENT 2005</b> OR 2005 REINSTATEMENT (6/04)	
City & State		City & State		4. FEI Number 59-3017050	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SIEROTWICZ, JOSEPH 13815 SW 97TH AVENUE SUMMERFIELD, FL 34491				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Joseph Sierotowicz</u> JOSEPH SIEROTOWICZ OCTOBER 17, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEB IS \$236.25</b> After January 1, 2006, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAZEL, ROBERT L		NAME	100060820761	
STREET ADDRESS	3 SILVER COURSE PLACE		STREET ADDRESS	10/20/05--01044--001	
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP	**\$236.25	
TITLE	FSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAZEL, KATHRYN		NAME		
STREET ADDRESS	3 SILVER COURSE PL		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUPAL, JEAN		NAME		
STREET ADDRESS	18089 SE 55TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW, FL 34420		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PELTZ, WANDA		NAME		
STREET ADDRESS	13810 SE 87TH AVE		STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD, FL 34491		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARTMANN, FRANK		NAME		
STREET ADDRESS	576 DOWLING CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE, FL 32159		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIEROTWICZ, JOSEPH		NAME		
STREET ADDRESS	13815 SW 97TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD, FL 34491		CITY-ST-ZIP		
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: <u>Joseph Sierotowicz</u> JOSEPH SIEROTOWICZ 10/17/05 352-307-6211 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					