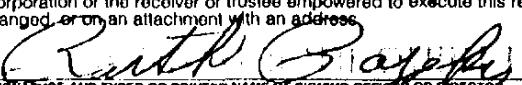## FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N92000000287 (4)

1. Corporation Name

PULASKI CHARITABLE CORPORATION

Principal Place of Business	Mailing Address
4616 DARLINGTON RD HOLIDAY FL 34690	4616 DARLINGTON RD HOLIDAY FL 34690

3. Date Incorporated or Qualified
11/13/1992

4. FEI Number	Applied For
59-3147227	Not Applicable

2. Principal Place of Business	21	
Suite, Apt. #, etc.	22	
City & State	23	
Zip	24	Country 25

2a. Mailing Address	26	
Suite, Apt. #, etc.	27	
City & State	28	
Zip	29	Country 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALESKWIZ, FRANK
4616 DARLINGTON RD
HOLIDAY FL 34690

10. Name and Address of New Registered Agent

81	Name	Ruth Pojeky
82	Street Address (P.O. Box Number is Not Acceptable)	
83		4616 Darlington Rd. Holiday, Fl. 34690
84	City	**FL**
85	Zip Code	

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

12. OFFICERS AND DIRECTORS

				13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE		1.1 TITLE		☐ Change	☐ Addition
NAME	POJEKY, RUTH			1.2 NAME			
STREET ADDRESS	365 WESTWINDS DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL			1.4 CITY-ST-ZIP			
TITLE	S	☒ DELETE		2.1 TITLE		☐ Change	☐ Addition
NAME	ORSKI, FLORENCE			2.2 NAME			
STREET ADDRESS	13647 GARRIS DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	HUDSON FL			2.4 CITY-ST-ZIP			
TITLE	VP S	☐ DELETE		3.1 TITLE	Secretary	☒ Change	☐ Addition
NAME	KALISZCJK, HELEN			3.2 NAME	Helen Kaliszczjk		
STREET ADDRESS	4933 MYRTLE OAK DR			3.3 STREET ADDRESS	4933 Myrtle Oak Dr.		
CITY-ST-ZIP	NEW PORT RICHEY FL 34853			3.4 CITY-ST-ZIP	New Port Richey, Fl. 34653		
TITLE	TD	☒ DELETE		4.1 TITLE		☒ Change	☐ Addition
NAME	ALESKWIZ, FRANK			4.2 NAME			
STREET ADDRESS	7114 POTOMAC DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL			4.4 CITY-ST-ZIP			
TITLE	TRUS	☐ DELETE		5.1 TITLE		☐ Change	☐ Addition
NAME	CHERWINSKI, CHESTER			5.2 NAME			
STREET ADDRESS	4004 DALWOOD DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	HOLIDAY FL 34691			5.4 CITY-ST-ZIP			
TITLE	T	☒ DELETE		6.1 TITLE	TRUS.	☒ Change	☐ Addition
NAME	SOKAL, KAZIMIER			6.2 NAME	Patricia Szewczyk		
STREET ADDRESS	8936 PANDORA LANE			6.3 STREET ADDRESS	4022 Baden Dr.		
CITY-ST-ZIP	PORT RICHEY FL			6.4 CITY-ST-ZIP	Holiday, Fl. 34691		

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.

SIGNATURE: _____   1-12-98 813-934-0960

CR2E037 (10/97)