

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90032 001 ****61.25

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

DOCUMENT # N92000000287

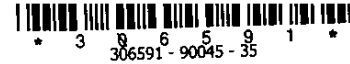
1. Corporation Name

PULASKI CHARITABLE CORPORATION

Principal Place of Business

4616 DARLINGTON RD
HOLIDAY FL 34690

Mailing Address

4616 DARLINGTON RD
HOLIDAY FL 34690

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/13/1992
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3147227
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	29	☐ \$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution
		☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

RUTH POJEKY
4616 DARLINGTON RD
HOLIDAY FL 34690

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 617.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when relinquishing.

25 Jan 99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	D
NAME	POJEKY, RUTH	1.2 NAME	Pojeky, Ruth
STREET ADDRESS	365 WESTWINDS DR	1.3 STREET ADDRESS	365 Westwinds Dr.
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE	S	2.1 TITLE	D
NAME	KALISZCZK, HELEN	2.2 NAME	Kaliszczk, Helen
STREET ADDRESS	4933 MYRTLE OAK DR	2.3 STREET ADDRESS	4933 Myrtle Oak Dr. Bl 2 Apt 23
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	2.4 CITY-ST-ZIP	New Port Richey, FL 34653
TITLE	TRUS	3.1 TITLE	
NAME	CHERWINSKI, CHESTER	3.2 NAME	
STREET ADDRESS	4004 DALWOOD DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34691	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	D
NAME	PATRICIA SZEWCZYK	4.2 NAME	Szewczyk, Patricia
STREET ADDRESS	4022 BADEN DR	4.3 STREET ADDRESS	4022 Baden Dr.
CITY-ST-ZIP	HOLIDAY FL 34691	4.4 CITY-ST-ZIP	Holiday, FL 34691
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0502(1), 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:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 Jan 99

Date

934-0900

Daytime Phone #

CR2E037 (11/98)