02271999-90032-001-$61.25-$61.25

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

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

306591 - 90045 - 35

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	Mailing Address
4616 DARLINGTON RD HOLIDAY FL 34690	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. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3147227 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RUTH POJEKY 4616 DARLINGTON RD HOLIDAY FL 34690	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 617.0503, Florida Statutes.

SIGNATURE Ruth Pojeky 25 Jan 99
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. ADDITIONAL OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	D ☐ Change ☐ Addition
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 V P	☐ DELETE	2.1 TITLE	D ☐ Change ☐ Addition
NAME	KALISZCJK, HELEN		2.2 NAME	Kaliszczjk, Helen
STREET ADDRESS	4933 MYRTLE OAK DR		2.3 STREET ADDRESS	4933 Myrtlt 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 S	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
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 SEC	☐ DELETE	4.1 TITLE	D ☐ Change ☐ Addition
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		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: SIGNATURE REQUIRED 25 Jan 99 934-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #