

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 25 AM 8:00

REINSTATEMENT 04



10192004 REIN-NP CR2E099 (6/04) *MRS*

DOCUMENT # N92000000287

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3147227

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUTH POJEKY
4616 DARLINGTON RD
HOLIDAY, FL 34690

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2005, 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 D ☐ Delete
NAME POJEKY, RUTH
STREET ADDRESS 365 WESTWINDS DR
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE ☐ Change ☐ Addition
NAME 600042168466
STREET ADDRESS 10/25/04--01090--018 **236.25
CITY-ST-ZIP

TITLE D ☐ Delete
NAME TADAJEWSKI, LINDA
STREET ADDRESS 3815 STAYSAIL
CITY-ST-ZIP HOLIDAY, FL 34691

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PATRICIA SZEWCZYK
STREET ADDRESS 4022 BADEN DR
CITY-ST-ZIP HOLIDAY, FL 34691

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

POJEKY, RUTH Ruth Pojky

Date

Daytime Phone #

10/25/04(727)934-0900