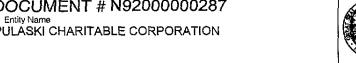
## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N92000000287 PULASKI CHARITABLE CORPORATION

**FILED** Jan 21, 2005 08:00 AM Secretary of State



Principal Place of Business 4616 DARLINGTON RD HOLIDAY, FL 34690

Mailing Address 4616 DARLINGTON RD HOLIDAY, FL 34690



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01112005 No Chg-NP CR2E037 (10/03) Applied For 4. FEI Number 59-3147227 Not Applicable

\$8.75 Additional

5. Certificate of Status Desired

Fee Required

**RUTH POJEKY** 4616 DARLINGTON RD HOLIDAY, FL 34690

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

Dale

Daytime Phone #

the obligations of registered agent.  SIGNATURE					
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Financ     Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE  D POJEKY, RUTH 365 WESTWINDS DR PALM HARBOR, FL 34683	CTORS			U00000189511 01/24/05-80100-012 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TADAJEWSKI, LINDA 3815 STAYSAIL HOLIDAY, FL 34691	3			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SZEWCZYK, PATRICIA 4022 BADEN DR HOLIDAY, FL 34691		,		NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			 		
TITLE 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)(1), 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 cath; 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.					