2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 26, 2006 8:00 am Secretary of State 01-26-2006 90035 015 ****61.25

DOCUMENT # N9200000287 1. Entity Name PULASKI CHARITABLE CORPORATION					01-26-200	06 90035 015 ****	*61.25	
4616 DARLINGTON RD 46		Mailing Address 4616 DARLINGTON R HOLIDAY, FL 34690	4616 DARLINGTON RD		60006512			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052006 Ch	g-NP	CR2E037 (11/05)		
City & State		City & State		4. FEI Number 59-314722	7	`	pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	S8.75 Add		
	6. Name and Address of Current	t Registered Agent		7. Name and Add	ress of New F	Registered Agent		
RUTH PO.	JEKY		Name					
	LINGTON RD		Street Addre	ess (P.O. Box Number is N	(P.O. Box Number is Not Acceptable)			
			City			FL Zip Coo	de	
	named entity submits this statement fi ions of registered agent.	or the purpose of changing i	its registered office or reg	gistered agent, or both, in	the State of Fi	orida. I am familiar with	, and accept	
SIGNATURE .								
5,5,17,175,12	Signature, lyped or printed name of registered ager	at and title if applicable. (NO	DTE: Registered Agent signature rec	equired when reinstating)		DATE		
•	Signature, lyped or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2006	9. Election C	DTE: Registered Agent signature rec ampaign Financing d Contribution.	\$5.00 May Be Added to Fees		DATE flake check payable t rida Department of S		
10	Filing Fee is \$61.25	9. Election C Trust Fund	ampaign Financing	\$5.00 May Be Added to Fees	Flo	flake check payable (tate	
·.	Filing Fee Is \$61.25 Due by May 1, 2006 OFFICERS AND D	9. Election C Trust Fund	ampaign Financing	\$5.00 May Be Added to Fees	Flo	Make check payable trida Department of S	tate	
10. TITLE NAME	Filing Fee Is \$61.25 Due by May 1, 2006 OFFICERS AND D POJEKY, RUTH	9. Election C Trust Fund	ampaign Financing d Contribution. 11. 11/LE NAME	\$5.00 May Be Added to Fees	Flo	Make check payable (rida Department of S	N 10	
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D POJEKY, RUTH 365 WESTWINDS DR	9. Election C Trust Fund	ampaign Financing d Contribution. 11. 11. 11ILE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flo	Make check payable (rida Department of S	N 10	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D POJEKY, RUTH 365 WESTWINDS DR PALM HARBOR, FL 34683	9. Election C Trust Func IRECTORS	ampaign Financing d Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZEP	\$5.00 May Be Added to Fees	Flo	Aake check payable trida Department of S RS AND DIRECTORS IF ☐ Change	N 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D POJEKY, RUTH 365 WESTWINDS DR PALM HARBOR, FL 34683 D	9. Election C Trust Fund	ampaign Financing d Contribution. 11. 11. 11ILE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flo	Make check payable (rida Department of S	N 10	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D POJEKY, RUTH 365 WESTWINDS DR PALM HARBOR, FL 34683	9. Election C Trust Func IRECTORS	ampaign Financing d Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	\$5.00 May Be Added to Fees	Flo	Aake check payable trida Department of S RS AND DIRECTORS IF ☐ Change	N 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME	Filing Fee Is \$61.25 Due by May 1, 2006 OFFICERS AND D POJEKY, RUTH 365 WESTWINDS DR PALM HARBOR, FL 34683 D TADAJEWSKI, LINDA	9. Election C Trust Func IRECTORS	ampaign Financing d Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	\$5.00 May Be Added to Fees	Flo	Aake check payable trida Department of S RS AND DIRECTORS IF ☐ Change	N 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D D POJEKY, RUTH 365 WESTWINDS DR PALM HARBOR, FL 34683 D TADAJEWSKI, LINDA 3815 STAYSAIL HOLIDAY, FL 34691 D	9. Election C Trust Func IRECTORS	ampaign Financing d Contribution. 11. 11ILE NAME STREET ADDRESS CITY-ST-ZIP 11ILE NAME STREET ADDRESS CITY-ST-ZIP 11ILE NAME TREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	Flo	Aake check payable trida Department of S RS AND DIRECTORS IF ☐ Change	N 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D D POJEKY, RUTH 365 WESTWINDS DR PALM HARBOR, FL 34683 D TADAJEWSKI, LINDA 3815 STAYSAIL HOLIDAY, FL 34691 D SZEWCZYK, PATRICIA	9. Election C Trust Func IRECTORS Delete	ampaign Financing I Contribution. 11. 11ILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	\$5.00 May Be Added to Fees	Flo	Aake check payable tride Department of S RS AND DIRECTORS IF Change	N 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D D POJEKY, RUTH 365 WESTWINDS DR PALM HARBOR, FL 34683 D TADAJEWSKI, LINDA 3815 STAYSAIL HOLIDAY, FL 34691 D SZEWCZYK, PATRICIA 4022 BADEN DR	9. Election C Trust Func IRECTORS Delete	ampaign Financing d Contribution. 11. 11ILE NAME STREET ADDRESS CITY-ST-ZIP 11ILE NAME STREET ADDRESS CITY-ST-ZIP 11ILE NAME TREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	Flo	Aake check payable tride Department of S RS AND DIRECTORS IF Change	N 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP IITLE NAME STREET ADDRESS CITY-SI-ZIP IITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D D POJEKY, RUTH 365 WESTWINDS DR PALM HARBOR, FL 34683 D TADAJEWSKI, LINDA 3815 STAYSAIL HOLIDAY, FL 34691 D SZEWCZYK, PATRICIA	9. Election C Trust Func IRECTORS Delete	ampaign Financing I Contribution. 11. 11ILE NAME SIREET ADDRESS CITY-ST-ZIP 1IILE NAME STREET ADDRESS CITY-ST-ZIP 1IILE NAME STREET ADDRESS CITY-ST-ZIP 1IILE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flo	Aake check payable tride Department of S RS AND DIRECTORS IF Change	N 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D D POJEKY, RUTH 365 WESTWINDS DR PALM HARBOR, FL 34683 D TADAJEWSKI, LINDA 3815 STAYSAIL HOLIDAY, FL 34691 D SZEWCZYK, PATRICIA 4022 BADEN DR	9. Election C Trust Fund IRECTORS Delete Delete	ampaign Financing I Contribution. 11. 11ILE NAME SIREET ADDRESS CITY-ST-ZIP 1ITLE NAME STREET ADDRESS CITY-ST-ZIP 1ITLE NAME	\$5.00 May Be Added to Fees	Flo	Aake check payable tride Department of S RS AND DIRECTORS IF Change Change	N 10 Addition Addition	
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP IITLE NAME STREET ADDRESS CITY-SI-ZIP IITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D D POJEKY, RUTH 365 WESTWINDS DR PALM HARBOR, FL 34683 D TADAJEWSKI, LINDA 3815 STAYSAIL HOLIDAY, FL 34691 D SZEWCZYK, PATRICIA 4022 BADEN DR	9. Election C Trust Fund IRECTORS Delete Delete	ampaign Financing I Contribution. 11. 1itle NAME SIREET ADDRESS CITY-ST-ZIP 1itle NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flo	Aake check payable tride Department of S RS AND DIRECTORS IF Change Change	N 10 Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D D POJEKY, RUTH 365 WESTWINDS DR PALM HARBOR, FL 34683 D TADAJEWSKI, LINDA 3815 STAYSAIL HOLIDAY, FL 34691 D SZEWCZYK, PATRICIA 4022 BADEN DR	9. Election C Trust Fund IRECTORS Delete Delete	ampaign Financing I Contribution. 11. 11ITE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	Flo	Aake check payable of rida Department of S RS AND DIRECTORS IF Change Change	N 10 Addition Addition Addition	
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D D POJEKY, RUTH 365 WESTWINDS DR PALM HARBOR, FL 34683 D TADAJEWSKI, LINDA 3815 STAYSAIL HOLIDAY, FL 34691 D SZEWCZYK, PATRICIA 4022 BADEN DR	9. Election C Trust Fund IRECTORS Delete Delete	ampaign Financing I Contribution. 11. 1itle NAME SIREET ADDRESS CITY-ST-ZIP 1itle NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flo	Aake check payable tride Department of S RS AND DIRECTORS IF Change Change	N 10 Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D D POJEKY, RUTH 365 WESTWINDS DR PALM HARBOR, FL 34683 D TADAJEWSKI, LINDA 3815 STAYSAIL HOLIDAY, FL 34691 D SZEWCZYK, PATRICIA 4022 BADEN DR	9. Election C Trust Fund IRECTORS Delete Delete	ampaign Financing I Contribution. 11. 11ILE NAME SIREET ADDRESS CITY-ST-ZIP 11ILE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	Flo	Aake check payable of rida Department of S RS AND DIRECTORS IF Change Change	N 10 Addition Addition Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D D POJEKY, RUTH 365 WESTWINDS DR PALM HARBOR, FL 34683 D TADAJEWSKI, LINDA 3815 STAYSAIL HOLIDAY, FL 34691 D SZEWCZYK, PATRICIA 4022 BADEN DR	9. Election C Trust Fund IRECTORS Delete Delete Delete	ampaign Financing I Contribution. 11. 11ILE NAME SIREET ADDRESS CITY-ST-ZIP 1ITLE NAME STREET ADDRESS CITY-ST-ZIP 1ITLE NAME NAME	\$5.00 May Be Added to Fees	Flo	Aske check payable of rida Department of S RS AND DIRECTORS IF Change Change Change	N 10 Addition Addition Addition Addition	
TILE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D D POJEKY, RUTH 365 WESTWINDS DR PALM HARBOR, FL 34683 D TADAJEWSKI, LINDA 3815 STAYSAIL HOLIDAY, FL 34691 D SZEWCZYK, PATRICIA 4022 BADEN DR	9. Election C Trust Fund IRECTORS Delete Delete	ampaign Financing I Contribution. 11. 11ILE NAME SIREET ADDRESS CITY-ST-ZEP 1ITLE NAME STREET ADDRESS CITY-ST-ZIP 1ITLE NAME STREET ADDRESS CITY-ST-ZIP 1ITLE NAME STREET ADDRESS CITY-ST-ZIP 1ITLE NAME STREET ADDRESS CITY-ST-ZEP	\$5.00 May Be Added to Fees	Flo	Aake check payable of rida Department of S RS AND DIRECTORS IF Change Change	N 10 Addition Addition Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D D POJEKY, RUTH 365 WESTWINDS DR PALM HARBOR, FL 34683 D TADAJEWSKI, LINDA 3815 STAYSAIL HOLIDAY, FL 34691 D SZEWCZYK, PATRICIA 4022 BADEN DR	9. Election C Trust Fund IRECTORS Delete Delete Delete	ampaign Financing I Contribution. 11. 11ILE NAME SIREET ADDRESS CITY-ST-ZEP 1IILE NAME STREET ADDRESS CITY-ST-ZIP 1ITLE NAME STREET ADDRESS CITY-ST-ZIP 1ITLE NAME STREET ADDRESS CITY-ST-ZIP 1ITLE NAME STREET ADDRESS CITY-ST-ZEP 1ITLE NAME	\$5.00 May Be Added to Fees	Flo	Aske check payable of rida Department of S RS AND DIRECTORS IF Change Change Change	N 10 Addition Addition Addition Addition	
TILE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D D POJEKY, RUTH 365 WESTWINDS DR PALM HARBOR, FL 34683 D TADAJEWSKI, LINDA 3815 STAYSAIL HOLIDAY, FL 34691 D SZEWCZYK, PATRICIA 4022 BADEN DR	9. Election C Trust Fund IRECTORS Delete Delete Delete	ampaign Financing I Contribution. 11. 11ILE NAME SIREET ADDRESS CITY-ST-ZEP 1ITLE NAME STREET ADDRESS CITY-ST-ZIP 1ITLE NAME STREET ADDRESS CITY-ST-ZIP 1ITLE NAME STREET ADDRESS CITY-ST-ZIP 1ITLE NAME STREET ADDRESS CITY-ST-ZEP	\$5.00 May Be Added to Fees	Flo	Aske check payable of rida Department of S RS AND DIRECTORS IF Change Change Change	N 10 Addition Addition Addition Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATUR

SIGNATURE: 🚣