

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
- 1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY - 1 PM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700188 (6)

1. Corporation Name
PILOT CLUB OF WINTER HAVEN, FLORIDA, INC.

Principal Place of Business Mailing Address
P.O. BOX 9104 WINTER HAVEN FL 33883

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/23/1959	3a. Date of Last Report 04/11/1994
4. FBI Number 59-6173306	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**OWEN, HARRIET
580 AVE. E. S.E.
WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME COLLINS, HELEN	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2470 29TH ST NW	CITY-ST-ZIP WINTER HAVEN FL 33881	1.2 NAME Carrier, Mary	
		1.3 STREET ADDRESS 136 Grant Rd., S.E.	
		1.4 CITY-ST-ZIP Winter Haven, Fl. 33884	
TITLE VD	NAME PERRY, NELDA	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 690 OLD BERKLEY RD	CITY-ST-ZIP AUBURDALE FL 33823	2.2 NAME Fierro, Betty	
		2.3 STREET ADDRESS 140 Longfellow Rd., S.E.	
		2.4 CITY-ST-ZIP Winter Haven, Fl. 33884	
TITLE TD	NAME HART, DOROTHY	3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS PO BOX 404 N/A	CITY-ST-ZIP WINTER HAVEN FL 33882-0404	3.2 NAME Shell-Nagle, Dea-Jaye	
		3.3 STREET ADDRESS 364 Sand Pine Trl.	
		3.4 CITY-ST-ZIP Winter Haven, Fl. 33880	
TITLE D	NAME BEASLEY, EUNICE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 108 COLEMAN RD JPV	CITY-ST-ZIP WINTER HAVEN FL 33880	4.2 NAME Robinson, Janet	
		4.3 STREET ADDRESS 2049 San Marcos Dr., SE #220	
		4.4 CITY-ST-ZIP Winter Haven, Fl. 33880	
TITLE SD	NAME CONE, JENNIFER	5.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 117 E LAKE HOWARD DR	CITY-ST-ZIP WINTER HAVEN FL 33880	5.2 NAME Newton, Beverly	
		5.3 STREET ADDRESS 912 E. Heron Circle, S.E.	
		5.4 CITY-ST-ZIP Winter Haven, Fl. 33884	
TITLE PD	NAME APORTER, ANN	6.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 802 ARETTA CIRCLE N	CITY-ST-ZIP AUBURDALE FL 33823	6.2 NAME Perry, Nelda	
		6.3 STREET ADDRESS 690 Old Berkley Rd.	
		6.4 CITY-ST-ZIP Auburndale, Fl. 33823	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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.

SIGNATURE: Dea-Jaye Shell-Nagle Date: 4/23/95 813-294-3750

700/88



PILOT CLUB OF WINTER HAVEN, INC.

P.O. Box 9104
Winter Haven, Florida 33883-9104

Additional Directors for 1994-95 of the Pilot Club of Winter Haven, Inc., according to Block 14 of the 1995 Annual Report.

Title: D
Name: Caldwell, Dorothy
Address: 802 Arrietta Circle, N
Cty/St/Zip: Auburndale, Fl. 33823

Title: D
Name: Porter, Ann
Address: 802 Arietta Circle, N
Cty/St/Zip: Auburndale, Fl. 33823

Title: Beasley, Eunice - D
Name: Beasley, Eunice
Address: 108 Coleman Rd, JPV
Cty/St/Zip: Winter Haven, Fl. 33880

Title: D
Name: Staack, Jackie
Address: 4949 Crystal Beach Rd
Cty/St/Zip: Winter Haven, Fl. 33880