

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 700188 (6)
1. Corporation Name
PILOT CLUB OF WINTER HAVEN, FLORIDA, INC..



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

3. Date Incorporated or Qualified: **11/23/1959**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-6173306**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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 **FL**

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: _____ DATE: _____
Signature of officer or director of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CARRIER, MARY	
STREET ADDRESS	136 GRANT ROAD, SE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FIERRO, BETTY	
STREET ADDRESS	140 LONGFELLOW ROAD, S.E.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SHELL-NAGLE, DEA-JAYE	
STREET ADDRESS	364 SAND PINE TRAIL	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBINSON, JANET	
STREET ADDRESS	2049 SAN MARCOS DRIVE, SE, #220	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	NEWTON, BEVERLY	
STREET ADDRESS	912 E. HERON CIRCLE, S.E.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PERRY, NELDA	
STREET ADDRESS	690 OLD BERKLEY ROAD	
CITY-ST-ZIP	AUBURNDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PD
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	TD
33 STREET ADDRESS	HART, JANET
34 CITY-ST-ZIP	4041 CYPRESS LANDING E. WINTER HAVEN, FL 33884
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	908 SHAWNA SHORES
43 STREET ADDRESS	HAINES CITY, FL 33844
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	SD
53 STREET ADDRESS	MASSEY, CLARICE
54 CITY-ST-ZIP	521 LITTLE LAKE COURT WINTER HAVEN, FL33884
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	VD
63 STREET ADDRESS	JOHNSON, CAROLE
64 CITY-ST-ZIP	104 VOLUSIA DR., SE WINTER HAVEN, FL 33884

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 119.07(3)(k), 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: *Betty Fierro*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BETTY FIERRO
PRESIDENT

4-1-96

941-324-3369

CR2E037 (12/95)