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Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 P.O. BOX 9104 WINTER HAVEN FL 33883-9104

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

3. Date Incorporated or Qualified 11/23/1959 3a. Date of Last Report 04/12/1996
4. FEI Number 59-6173306 Applied For Not Applicable
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

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 FL 85 Zip Code

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 *Harriet Owen* Harriet Owen DATE 3/11/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature Required When Reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	CARRIER, MARY	1.2 NAME	
STREET ADDRESS	136 GRANT ROAD, SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	D
NAME	FIERRO, BETTY	2.2 NAME	Fierro, Betty
STREET ADDRESS	140 LONGFELLOW ROAD, S.E.	2.3 STREET ADDRESS	140 Longfellow Road, SE
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	Winter Haven, FL
TITLE	TD	3.1 TITLE	PD
NAME	HART, JANET	3.2 NAME	Hart, Janet
STREET ADDRESS	4041 CYPRESS LANDING E.	3.3 STREET ADDRESS	4041 Cypress Landing E
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	Winter Haven, FL 33884
TITLE	D	4.1 TITLE	
NAME	ROBINSON, JANET	4.2 NAME	
STREET ADDRESS	908 SHAWNA SHORES	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	
NAME	MASSEY, CLARICE	5.2 NAME	
STREET ADDRESS	521 LITTLE LAKE COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	JOHNSON, CAROLE	6.2 NAME	
STREET ADDRESS	104 VOLUSIA DR., SE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	6.4 CITY-ST-ZIP	

14. I do 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 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.
3/11/97

CR2E037 (9/96)