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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 11/23/1959	
4. FEI 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CARRIER, MARY
STREET ADDRESS	136 GRANT ROAD, SE
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FIERRO, BETTY
STREET ADDRESS	140 LONGFELLOW ROAD, S.E.
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	HART, JANET
STREET ADDRESS	4041 CYPRESS LANDING E.
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, JANET
STREET ADDRESS	908 SHAWNA SHORES
CITY-ST-ZIP	HAINES CITY FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	MASSEY, CLARICE
STREET ADDRESS	521 LITTLE LAKE COURT
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, CAROLE
STREET ADDRESS	104 VOLUSIA DR., SE
CITY-ST-ZIP	WINTER HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Recording Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Helen Collins
1.3 STREET ADDRESS	2470 29th St., N.W.
1.4 CITY-ST-ZIP	Winter Haven, Fla. 33881
2.1 TITLE	V. P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ann Porter
2.3 STREET ADDRESS	802 Arietta Circle N.
2.4 CITY-ST-ZIP	Auburndale, Fla. 33823
3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hart, Janet
3.3 STREET ADDRESS	4041 Cypress Landing E.
3.4 CITY-ST-ZIP	Winter Haven, FL 33884
4.1 TITLE	Corresponding Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dot Caldwell
4.3 STREET ADDRESS	802 Arietta Circle N.
4.4 CITY-ST-ZIP	Auburndale, Fla. 33823
5.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Massey, Clarice
5.3 STREET ADDRESS	521 Little Lake Court
5.4 CITY-ST-ZIP	Winter Haven, FL 33884
6.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Staeck, Jacquelyn
6.3 STREET ADDRESS	260 Avenue A, S.W.
6.4 CITY-ST-ZIP	Winter Haven Fla. 33880

14. I 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.

SIGNATURE: *Jacquelyn S. Staeck* **Jacquelyn S. Staeck, Treasurer** 2/20/98 941 293 2131

CR2E037 (10/97)