


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90037 040 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 700188**

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 11/23/1959	4. FEI Number 59-6173306	Applied For Not Applicable
Country 25	Country 30	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	

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 <b>FL</b>
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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAACK, JACQUELYN S	1.2 NAME
STREET ADDRESS	260 AVE. A., S.W.	1.3 STREET ADDRESS
CITY-ST-ZIP	WINTER HAVEN FL 33880	1.4 CITY-ST-ZIP
D <input checked="" type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIERRO, BETTY	2.2 NAME
STREET ADDRESS	140 LONGFELLOW ROAD, S.E.	2.3 STREET ADDRESS
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP
D <input checked="" type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, JANET	3.2 NAME
STREET ADDRESS	4041 CYPRESS LANDING E.	3.3 STREET ADDRESS
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP
RS <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, HELEN	4.2 NAME
STREET ADDRESS	2470 29TH ST., N.W.	4.3 STREET ADDRESS
CITY-ST-ZIP	WINTER HAVEN FL 33881	4.4 CITY-ST-ZIP
P <input checked="" type="checkbox"/> DELETE		5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
VP <input checked="" type="checkbox"/> DELETE		6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, ANN	6.2 NAME
STREET ADDRESS	802 ARIETTA CIRCLE N.	6.3 STREET ADDRESS
CITY-ST-ZIP	AUBURNDALE FL 33823	6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Jacquelyn Staack* **SIGNATURE REQUIRED** 4/6/99 941-293-2131  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25037 111091