


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90036 043 ****61.25

DOCUMENT # 700188
 1. Entity 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

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country



04062004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-6173306

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HART, JANET
 4041 CYPRESS LANDING EAST
 WINTER HAVEN, FL 33884

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HART, DOT	
STREET ADDRESS	PO BOX 404	
CITY-ST-ZIP	WINTER HAVEN, FL 33882	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEASLEY, EUNICE	
STREET ADDRESS	718 CANBERRA RD	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	T	<input type="checkbox"/> Delete
NAME	HART, JANET	
STREET ADDRESS	4041 CYPRESS LANDING E.	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	P	<input type="checkbox"/> Delete
NAME	COLLINS, HELEN	
STREET ADDRESS	2470 29TH ST., N.W.	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASSEY, CLARICE	
STREET ADDRESS	521 LITTLE LAKE COURT	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	S	<input type="checkbox"/> Delete
NAME	STAACK, JACKIE	
STREET ADDRESS	PO BOX 9444	
CITY-ST-ZIP	WINTER HAVEN, FL 33883	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUTH BEESON	
STREET ADDRESS	235 6th ST, NW #604	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janet A. Hart JANET A. HART 4-6-04 863-298-1565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # x106