

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 23, 2006
Secretary of State**

DOCUMENT# 700823

Entity Name: PILOT CLUB OF WEST VOLUSIA, INC.

Current Principal Place of Business:

1597 CARR STREET
DELAND, FL 32720 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 220123
GLENWOOD, FL 32722 US

New Mailing Address:

FEI Number: 59-6163661 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, BERT
1597 CARR ST
DELAND, FL 32720 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WRIGHT, BERT
Address: 1597 CARR ST
City-St-Zip: DELAND, FL 32720

Title: PE () Delete
Name: BANKS, LUCY
Address: 2161 ANCHOR AVE.
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: LUCAS, KAREN
Address: 4285 AUDUBON AVENUE
City-St-Zip: DELEON SPRINGS, FL 32130

Title: RS () Delete
Name: MITCHELL, PATSY
Address: 207 N. MCDONALD AVE
City-St-Zip: DELAND, FL 327244569

Title: D () Delete
Name: JOHNSON, LUCILLE
Address: 712A E. MINNESOTTA AVE
City-St-Zip: DELAND, FL 327243668

Title: P () Delete
Name: SCHOOLMASTER, MARY ELLEN
Address: P.O. BOX 5979
City-St-Zip: DELTONA, FL 327285979

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: BANKS, LUCY
Address: 2161 ANCHOR AVE.
City-St-Zip: DELAND, FL 32720

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PP (X) Change () Addition
Name: SCHOOLMASTER, MARY ELLEN
Address: P.O. BOX 5979
City-St-Zip: DELTONA, FL 327285979

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERT WRIGHT

Electronic Signature of Signing Officer or Director

TREA

02/23/2006

Date