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Jan 22 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 # **701460** (8)

1. Corporation Name

PILOT CLUB OF OCALA FLORIDA INC

Principal Place of Business

Mailing Address

**4527 SE FORT KING STREET
OCALA FL 32671-1404**

**116 NE 32ND AVE
OCALA FL 34470
US**



3. Date Incorporated or Qualified

09/27/1960

4. FEI Number

59-6173298

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 MILLER, CLARA

26 MILLER, CLARA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 4527 NE Ft King St.

27 4527 NE Ft King St.

City & State

City & State

23 Ocala FL

28 Ocala FL

Zip

34470

Country

MARION

Zip

34470

Country

MARION

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, CLARA
4527 SE FORT KING STREET
OCALA FL 32671**

81 Name

MILLER, CLARA

82 Street Address (P.O. Box Number is Not Acceptable)

4527 NE Ft King St

83

84 City

Ocala

FL

85 Zip Code

34470

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	
TITLE	S <input type="checkbox"/> DELETE
NAME	LEONARD, BARBARA
STREET ADDRESS	28 OCALA WAY
CITY-ST-ZIP	SUMMERFIELD FL
TITLE	T <input type="checkbox"/> DELETE
NAME	GILMORE, MARY
STREET ADDRESS	319 S.E. 40 TERR.
CITY-ST-ZIP	OCALA FL 34471
TITLE	VP <input type="checkbox"/> DELETE
NAME	MILLER, CLARA
STREET ADDRESS	4527 S.E. FT. KING ST.
CITY-ST-ZIP	OCALA FL
TITLE	P <input type="checkbox"/> DELETE
NAME	NICHOLSON, PAT
STREET ADDRESS	3400 S.E. 45TH ST.
CITY-ST-ZIP	OCALA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SIMONET, BONNIE
STREET ADDRESS	438 SE 48TH ST RD
CITY-ST-ZIP	OCALA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HASSEN, BARBARA
STREET ADDRESS	5180 S.W. 84TH ST.
CITY-ST-ZIP	OCALA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	S Beverly Matz
1.3 STREET ADDRESS	4586 NE 2nd Street
1.4 CITY-ST-ZIP	Ocala FL 34470
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	T BARBARA HASSEN
2.3 STREET ADDRESS	5180 SW 84th Street
2.4 CITY-ST-ZIP	Ocala FL 34470
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VP DOROTHY ANDERSON
3.3 STREET ADDRESS	2042 SE Silver Springs Blvd
3.4 CITY-ST-ZIP	Ocala FL 34470
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P CLARA MILLER
4.3 STREET ADDRESS	4527 NE Ft. King St.
4.4 CITY-ST-ZIP	Ocala FL 34470
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D CINDY WILLIAMS
5.3 STREET ADDRESS	5561 NE 4th Street
5.4 CITY-ST-ZIP	Ocala FL 34470
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D LINDA Webster
6.3 STREET ADDRESS	2012 SE Twin Bridge Circle
6.4 CITY-ST-ZIP	Ocala FL 34471

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: **Barbara Hassen** **BARBARA HASSEN** 1-9-98 **237-1708**

CR2E037 (10/97)