

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90040 025 ****61.25

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DOCUMENT # 701460

1. Corporation Name

PILOT CLUB OF OCALA FLORIDA INC

Principal Place of Business

4527 SE FORT KING STREET
OCALA FL 34470
US

Mailing Address

116 NE 32ND AVE
OCALA FL 34470
US



2. Principal Place of Business

21 **928 N.E. 11th Ave.**

Suite, Apt. #, etc.

22 **LEAVE AS ABOVE**

City & State

23 **OCALA, FL**

Zip

24 **34470**

Country

25 **MARTIN**

2a. Mailing Address

26 **4527 SE FORT KING ST**

Suite, Apt. #, etc.

27 **OCALA, FL**

City & State

28 **OCALA, FL**

Zip

29 **34470**

Country

30 **MARTIN**

3. Date Incorporated or Qualified

09/27/1960

4. FEI Number

59-6173298

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MILLER, CLARA
4527 SE FORT KING STREET
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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** ☒ DELETE
NAME **LEONARD, BARBARA**
STREET ADDRESS **28 OCALE WAY**
CITY-ST-ZIP **SUMMERFIELD FL**

TITLE **T** ☒ DELETE
NAME **GILMORE, MARY**
STREET ADDRESS **319 S.E. 40 TERR.**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **VP** ☐ DELETE
NAME **MILLER, CLARA**
STREET ADDRESS **4527 S.E. FT. KING ST.**
CITY-ST-ZIP **OCALA FL**

TITLE **P** ☒ DELETE
NAME **NICHOLSON, PAT**
STREET ADDRESS **3400 S.E. 45TH ST.**
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☒ DELETE
NAME **SIMONET, BONNIE**
STREET ADDRESS **438 SE 48TH ST RD**
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☒ 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 **PRES** ☐ Change ☒ Addition
1.2 NAME **LINDA WEBSTER**
1.3 STREET ADDRESS **2012 S.E. TWIN BRIDGE CIR ELC**
1.4 CITY-ST-ZIP **OCALA, FL 34470**

2.1 TITLE **VP** ☐ Change ☒ Addition
2.2 NAME **NANCY BIEREMA**
2.3 STREET ADDRESS **220 S.E. 34th PL**
2.4 CITY-ST-ZIP **OCALA, FL 34471**

3.1 TITLE **SECRETARY** ☐ Change ☒ Addition
3.2 NAME **CHERYL MOSS**
3.3 STREET ADDRESS **1222 N.E. 7th ST**
3.4 CITY-ST-ZIP **OCALA FL 34470**

4.1 TITLE **TREA.** ☐ Change ☒ Addition
4.2 NAME **HELEN F. HELVENSTON**
4.3 STREET ADDRESS **928 N.E. 11th AVE.**
4.4 CITY-ST-ZIP **OCALA FL 34470**

5.1 TITLE **DIR.** ☐ Change ☒ Addition
5.2 NAME **DORIS RORVIK**
5.3 STREET ADDRESS **489 A. MIDWAY DR**
5.4 CITY-ST-ZIP **OCALA, FL 34472**

6.1 TITLE **DIR.** ☐ Change ☒ Addition
6.2 NAME **REGINALANZL**
6.3 STREET ADDRESS **875 S.E. 170 ST**
6.4 CITY-ST-ZIP **SUMMERFIELD, FL**

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: **HELEN F. HELVENSTON** 4/5/99 352-622-4637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)