

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -2 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704886 (1)

1. Corporation Name

PILOT SCHOLARSHIP HOUSE FOUNDATION, FLORIDA DIST
RICT, INC.

Principal Place of Business

Mailing Address

708 9 ST
621 NW 39TH ST
FORT PIERCE FL 34950
US

C/O CAROLYN HARTLEY
708 9 ST
FORT PIERCE FL 34950
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/06/1962

3a. Date of Last Report
03/15/1994

4. FBI Number
59-6147872

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, SANDRA
6405 NW 18 AVE
GAINESVILLE FL 32605

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
HARTLEY, CAROLYN
708 9 ST
FORT PIERCE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Merleese Coons
45 MANOR DRIVE
PENSACOLA, FL 32507
☐ Change ☒ Addition

P
NAME
STREET ADDRESS
CITY - ST - ZIP
DENBLEYKER, JEAN
116 NE 32 AVE
OCALA FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Linda Hill
600 DEERFIELD Rd
ST. AUGUSTINE, FL 32095
☐ Change ☒ Addition

V
NAME
STREET ADDRESS
CITY - ST - ZIP
SMITH, SANDRA
6405 NW 18 AVE
GAINESVILLE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Dene Dixon
1445 Mitchell Ave
Tallahassee, FL 32303
☐ Change ☒ Addition

S
NAME
STREET ADDRESS
CITY - ST - ZIP
MILLER, CLARA
4527 SE FORT KING ST
OCALA FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Ann Powell
2004 15th St
Vero Beach, FL 32960
☐ Change ☐ Addition

D
NAME
STREET ADDRESS
CITY - ST - ZIP
WATSON, NANCY
3794 PATCH DRIVE
TALLAHASSEE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

D
NAME
STREET ADDRESS
CITY - ST - ZIP
KROEGER, EMILY
2266 POPE AVE
S DAYTONA FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Carolyn A. Hartley
CAROLYN A. HARTLEY, TREASURER

2/19/95 (407) 465-7560
Date
City/State/Zip