

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 704886

(1)

1. Corporation Name

PILOT SCHOLARSHIP HOUSE FOUNDATION, FLORIDA DISTRICT, INC.

Principal Place of Business

Mailing Address

708 9TH STREET
821 NW 39TH ST
FORT PIERCE FL 34950
US

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



3. Date Incorporated or Qualified
12/06/1962

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI 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

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

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

11 TITLE V ☒ Change ☐ Addition
12 NAME Hartley, Carolyn
13 STREET ADDRESS 708 9 Street
14 CITY-ST-ZIP Fort Pierce FL 34950

TITLE P ☐ DELETE
NAME DENBLEYKER, JEAN
STREET ADDRESS 116 NE 32 AVE
CITY-ST-ZIP Ocala FL

21 TITLE D ☒ Change ☐ Addition
22 NAME DenBreyker, Jean
23 STREET ADDRESS 116 NE 32 Avenue
24 CITY-ST-ZIP Ocala FL 34470

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

31 TITLE P ☐ Change ☐ Addition
32 NAME Smith, Sandra
33 STREET ADDRESS 6405 NW 18 Avenue
34 CITY-ST-ZIP Gainesville FL 32605

TITLE S ☒ DELETE
NAME MILLER, CLARA
STREET ADDRESS 4527 SE FORT KING ST
CITY-ST-ZIP Ocala FL

41 TITLE T ☐ Change ☒ Addition
42 NAME Edenfield, Charlotte
43 STREET ADDRESS Route 2, Box 560
44 CITY-ST-ZIP Tallahassee FL 32311

TITLE D ☒ DELETE
NAME COONS, MERLESE
STREET ADDRESS 45 MANOR DRIVE
CITY-ST-ZIP PENSACOLA FL

51 TITLE D ☐ Change ☒ Addition
52 NAME Costa, Helen
53 STREET ADDRESS 1235 Eddie Drive
54 CITY-ST-ZIP Port Orange FL 32119

TITLE D ☒ DELETE
NAME KROEGER, EMILY
STREET ADDRESS 2288 POPE AVE
CITY-ST-ZIP S DAYTONA FL

61 TITLE D ☐ Change ☒ Addition
62 NAME Hill, Linda
63 STREET ADDRESS 600 Deerfield Road
64 CITY-ST-ZIP St Augustine FL 32095

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 119.07(3)(k), 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:

Charlotte Edenfield

CHARLOTTE EDENFIELD

1/29/96

904-422-2325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)