FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:34

DOCUMENT # 706221 (9)

1. Corporation Name

PILOT CLUB OF SOUTH BREVARD, INC.

Principal Place of Business	Mailing Address
339 MARKLEY CT INDIAN HARBOR BCH FL 32937 US	339 MARKLEY CT INDIAN HARBOR BCH FL 32937 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1963
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6173302 ☐ 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
21 854 Spanish Wells Dr.	26 854 Spanish Wells Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Melbourne, Fl.	City & State 28 Melbourne, Fl.
Zip / Country 24 32940 / 25 Brevard	Zip / Country 29 328940 / 30 Brevard

9. Name and Address of Current Registered Agent

DEMCHOCK, CHARLOTTE
515 SUMMERSET COURT
INDIAN HARBOUR BEACH FL 32937

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME	URIE, JEAN	12 NAME	Piechulis, Helen
STREET ADDRESS	3525 ASPEN WAY	13 STREET ADDRESS	597 Senora Circle
CITY-ST-ZIP	MELBOURNE FL	14 CITY-ST-ZIP	Indialantic, Fl. 32903
TITLE	PE	21 TITLE	PE ☒ Change ☐ Addition
NAME	BROWNLEE, BONNIE	22 NAME	Spillers. Patti
STREET ADDRESS	4605-2 WATERFORD WAY	23 STREET ADDRESS	2317 Pineapple Ave.
CITY-ST-ZIP	MELBOURNE FL	24 CITY-ST-ZIP	Melbourne, Fl. 32935
TITLE	T	31 TITLE	T/D ☒ Change ☐ Addition
NAME	WOLFF, RENEE'	32 NAME	Sheley, Patricia
STREET ADDRESS	339 MARKLEY CT	33 STREET ADDRESS	845 Spanich Wells Dr.
CITY-ST-ZIP	INDIAN HARBOR BCH FL	34 CITY-ST-ZIP	Melbourne, Fl. 32940
TITLE	CC	41 TITLE	D ☒ Change ☐ Addition
NAME	GAULT, CHRIS	42 NAME	Urie, Jean
STREET ADDRESS	405 WINCHESTER RD	43 STREET ADDRESS	3525 Aspen Way
CITY-ST-ZIP	SATELLITE BCH FL	44 CITY-ST-ZIP	Melbourne, Fl. 32935
TITLE	RC	51 TITLE	RC ☒ Change ☐ Addition
NAME	DOLPH, DORIS	52 NAME	Pratt, Faye
STREET ADDRESS	2201 APPALACHIAN DR	53 STREET ADDRESS	239 Cinnamon Lk, Circle
CITY-ST-ZIP	MELBOURNE FL	54 CITY-ST-ZIP	Melbourne, Fl. 32901
TITLE	V	61 TITLE	V/D ☒ Change ☐ Addition
NAME	MEEKS, JEAN	62 NAME	Lovitt, Joan
STREET ADDRESS	3051 PANAMA DR	63 STREET ADDRESS	581 Hillside Circle
CITY-ST-ZIP	MELBOURNE FL	64 CITY-ST-ZIP	Melbourne, Fl. 32935

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)(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: Helen R. Piechulis /Helen Piechulis 4/21/95 (407)952-5323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036102