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

900001793299
-04/24/96--01085--007
***61.25

DOCUMENT # 706221 (9)

1. Corporation Name
PILOT CLUB OF SOUTH BREVARD, INC.

Principal Place of Business	Mailing Address
854 SPANISH WELLS DR MELBOURNE FL 32940 US	854 SPANISH WELLS DR MELBOURNE FL 32940 US

2. Principal Place of Business	2a. Mailing Address
21 854 Spanish Wells Drive	26 854 Spanish Wells Drive
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Melbourne, FL	28 City & State: Melbourne, FL
24 Zip: 32940 / 25 Country: Brevard	29 Zip: #@($) / 30 Country: Brevard

3. Date Incorporated or Qualified: 09/30/1963	3a. Date of Last Report: 05/01/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

DEMCHOCK, CHARLOTTE
515 SUMMERSET COURT
INDIAN HAROUR BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name: Patricia A. Sheley
82 Street Address (P.O. Box Number is Not Acceptable): 854 Spanish Wells Drive
83
84 City: Melbourne FL 85 Zip Code: 32940

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: PATRICIA A. SHELEY, TREASURER — Patricia A Sheley — DATE: April 19, 1996
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	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	PIECHULIS, HELEN		1.2 NAME	Patti Spillers	
STREET ADDRESS	597 SENORA CIRCLE		1.3 STREET ADDRESS	2317 Pineapple Avenue	
CITY-ST-ZIP	INDIALANTIC FL		1.4 CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	PE	☒ DELETE	2.1 TITLE	PE	☒ Change ☐ Addition
NAME	SPILLERS, PATTI		2.2 NAME	Joan A. Lovitt	
STREET ADDRESS	2317 PINEAPLLE AVE		2.3 STREET ADDRESS	581 Hillside Court	
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	TD	☐ DELETE	3.1 TITLE	T	☐ Change ☐ Addition
NAME	SHELEY, PATRICIA		3.2 NAME	Patricia A. Sheley	
STREET ADDRESS	845 SPANICH WELLS DR		3.3 STREET ADDRESS	854 Spanish Wells Drive	
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	D	☒ DELETE	4.1 TITLE	RC	☐ Change ☐ Addition
NAME	URIE, JEAN		4.2 NAME	Faye Pratt	
STREET ADDRESS	3525 ASPEN WAY		4.3 STREET ADDRESS	239 Cinnamon Lake Circle	
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	RC	☐ DELETE	5.1 TITLE	V/D	☒ Change ☐ Addition
NAME	PRATT, FAYE		5.2 NAME	Maria C. Gault	
STREET ADDRESS	239 CINNAMON LK CIRCLE		5.3 STREET ADDRESS	405 Winchester Road	
CITY-ST-ZIP	MELBOURNE FL		5.4 CITY-ST-ZIP	Satellite Beach, FL 32937	
TITLE	VD	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	LOVITT, JOAN		6.2 NAME	Helen Piechulis	
STREET ADDRESS	581 HILLSIDE CIRCLE		6.3 STREET ADDRESS	3395 Wedgewood Drive, #203	
CITY-ST-ZIP	MELBOURNE FL		6.4 CITY-ST-ZIP	Palm Bay, FL 32905	

CR2E037 (12/95)

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: Patricia A. Sheley — April 8 1996 — 407-253-5929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #