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FILED
May 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 706221 (9)

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

Principal Place of Business	Mailing Address
854 SPANISH WELLS DR. 1756 Clover Circle MELBOURNE FL 32940 32935 US	1756 Clover Circle MELBOURNE FL 32935 US

3. Date Incorporated or Qualified: 09/30/1963	3a. Date of Last Report: 04/24/1996
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	

2. Principal Place of Business	2a. Mailing Address
21 1756 Clover Circle	26 1756 Clover Circle
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Melbourne	28 1756 Clover Circle
24 Zip 32935 / 25 Country US	29 Zip 32935 / 30 Country US

9. Name and Address of Current Registered Agent

SHELEY, PATRICIA A
854 SPANISH WELLS DR.
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name: Lisa Moffitt
82 Street Address (P.O. Box Number is Not Acceptable): 1756 Clover Circle
83
84 City: Melbourne FL 85 Zip Code: 32935

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 Lisa Moffitt (Lisa Moffitt) 5-21-97
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	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	SPILLERS, PATTI		1.2 NAME	Joan Lovitt	
STREET ADDRESS	2317 PINEAPPLE AVE.		1.3 STREET ADDRESS	581 Hillside Court	
CITY-ST-ZIP	MELBOURNE FL 32935		1.4 CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	PE	☒ DELETE	2.1 TITLE	PE	☒ Change ☐ Addition
NAME	LOVITT, JOAN A		2.2 NAME	Maria C. Gault	
STREET ADDRESS	581 HILLSIDE CT.		2.3 STREET ADDRESS	171 Martesia Way	
CITY-ST-ZIP	MELBOURNE FL 32935		2.4 CITY-ST-ZIP	Indian Harbour Beach, FL 32937	
TITLE	T	☒ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	SHELEY, PATRICIA		3.2 NAME	Lisa Moffitt	
STREET ADDRESS	845 SPANICH WELLS DR		3.3 STREET ADDRESS	1756 Clover Circle	
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	RC	☒ DELETE	4.1 TITLE	RC	☒ Change ☑ Addition
NAME	PRATT, FAYE		4.2 NAME	Peggy Bretz	
STREET ADDRESS	239 CINNAMON LAKES CIR.		4.3 STREET ADDRESS	2888 Corbusier Drive	
CITY-ST-ZIP	MELBOURNE FL 32901		4.4 CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	VD	☒ DELETE	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	GAULT, MARIA C		5.2 NAME	Anne James	
STREET ADDRESS	405 WINCHESTER RD.		5.3 STREET ADDRESS	3225 Sand Dunes Court	
CITY-ST-ZIP	SATELLITE BEACH FL 32937		5.4 CITY-ST-ZIP	Melbourne, FL 32951	
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	PIECHULIS, HELEN		6.2 NAME	Patricia Spillers	
STREET ADDRESS	3395 WEDGEWOOD DR. #203		6.3 STREET ADDRESS	2317 Pineapple Avenue	
CITY-ST-ZIP	PALM BAY FL 32905		6.4 CITY-ST-ZIP	Melbourne, FL 32935	

5/27/97

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14. I do 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.

SIGNATURE Lisa Moffitt DATE 5-21-97