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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **706221**

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

Principal Place of Business	Mailing Address
535 NEWPORT DRIVE INDIALANTIC FL 32903 US	535 NEWPORT DRIVE INDIALANTIC FL 8 US

2. Principal Place of Business 21 535 Newport Drive 22 Suite, Apt. #, etc. 23 City & State: Indialantic, FL 24 Zip: 32903 25 Country: Brevard US	2a. Mailing Address 26 535 Newport Drive 27 Suite, Apt. #, etc. 28 City & State: Indialantic, FL 29 Zip: 32903 30 Country: Brevard US	3. Date Incorporated or Qualifed: 09/30/1963 4. FEI Number: 59-6173302 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

XXXXXXXX
MOFFITT, LISA
XXXXXXXXXXXXXXXX
1756 CLOVER CIRCLE XXXX
XXXXXXXXXXXXXXXXXX
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name: Jeannie Walls
82 Street Address (P.O. Box Number is Not Acceptable): 535 Newport Drive
83
84 City: Indialantic **FL** 85 Zip Code: 32903

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: Jeannie Walls — Jeannie Walls — 4-29-1999
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	☐ Change ☐ Addition
NAME	GAULT, MARIA C	1.2 NAME	
STREET ADDRESS	171 MARTESIA WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	1.4 CITY-ST-ZIP	
TITLE	PE ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	URIE, JEAN	2.2 NAME	
STREET ADDRESS	3525 ASPEN WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935	2.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WALLS, JEANNIE	3.2 NAME	
STREET ADDRESS	535 NEWPORT DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL 32903	3.4 CITY-ST-ZIP	
TITLE	RC ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BRETZ, PEGGY	4.2 NAME	
STREET ADDRESS	2888 CORBUSIER DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935	4.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PRATT, FAYE	5.2 NAME	
STREET ADDRESS	239 CINNAMON LAKE CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LOVITT, JOAN	6.2 NAME	
STREET ADDRESS	581 HILLSIDE CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935	6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Jeannie Walls, Treasurer — 4-29-1999 — (407) 725-0034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED