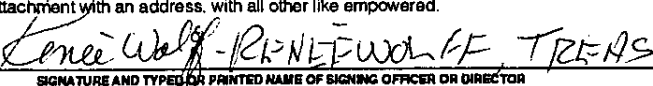


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91021 017 ****61.25

DOCUMENT # 706221 1. Entity Name PILOT CLUB OF SOUTH BREVARD, INC.					
Principal Place of Business 2888 CORBUSIER DRIVE MELBOURNE, FL 32935 US			Mailing Address 2888 CORBUSIER DRIVE MELBOURNE, FL 32935 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-6173302				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRETZ, PEGGY 2888 CORBUSIER DRIVE MELBOURNE, FL 32935			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable.			DATE: 4/21/04 (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRETZ, PEGGY 2888 CORBUSIER DRIVE MELBOURNE, FL 32935	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRETZ, PEGGY 2888 CORBUSIER DR. MELBOURNE, FL 32935	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE MCMILLEN, JANE M 4120 ELDORADO WAY MELBOURNE, FL 32934	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE MCMILLEN, JANE M 4120 ELDORADO WAY MELBOURNE, FL 32934	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCMILLEN, MARY JANE 4120 ELDORADO WAY MELBOURNE, FL 32934	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAUGHERTY, LYNN 566 SACRE COEUR DR. MELBOURNE, FL 32935	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOLFF, RENEE 339 MARKLEY CT INDIAN HARBOR BEACH, FL 32937	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOLFF, RENEE 339 MARKLEY CT. INDIAN HARBOR BEACH, FL 32937	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PRATT, FAYE 239 CINNAMON LAKE CIRCLE MELBOURNE, FL 32901	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TERRE, PATRICIA 1012 SPANISH WELLS DR. MELBOURNE, FL 32940	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHODEN, KAY 1894 SARNO MELBOURNE, FL 32935	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKS, PATRICIA 351 CYPRESS ST. INDIAN HARBOR BEACH, FL 32903	☒ Change ☐ Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: 4/21/04 (321) 773-0445 Date Daytime Phone #		