

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90112 034 ****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 4120 Eldorado Way			3. Mailing Address 4120 Eldorado Way		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Melbourne, Fl.			City & State Melbourne, Fl.		
Zip 32934		County Brevard	Zip 32934		County Brevard
4. FEI Number 59-6173302			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required 05042005 Chg-NP CR2E037 (10/03)		
6. Name and Address of Current Registered Agent BRETZ, PEGGY 2888 CORBUSIER DRIVE MELBOURNE, FL 32935			7. Name and Address of New Registered Agent Name McMillen, Mary Jane Street Address (P.O. Box Number is Not Acceptable) 4120 Eldorado Way City Melbourne FL Zip Code 32934		
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 <u><i>Mary Jane McMillen</i></u> MARY JANE McMillen <u>5-5-2005</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 7, 2005		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	P	☒ Delete	TITLE	P	☐ Change ☐ Addition
NAME	BRETZ, PEGGY		NAME	McMillen, Mary Jane	
STREET ADDRESS	2888 CORBUSIER DRIVE		STREET ADDRESS	4120 Eldorado Way	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP	Melbourne, Fl. 32934	
TITLE	PE	☐ Delete	TITLE	PE	☐ Change ☒ Addition
NAME	MCMLLEN, JANE M		NAME	Urie, Jean	
STREET ADDRESS	4120 ELDORADO WAY		STREET ADDRESS	3368 Lake View Circle	
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP	Melbourne, Fl. 32934	
TITLE	S	☐ Delete	TITLE	VP	☐ Change ☐ Addition
NAME	DAUGHERTY, LYNN		NAME	Tebbe, Patricia	
STREET ADDRESS	566 SACRE COEUR DR.		STREET ADDRESS	1012 Spanish Wells Dr.	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP	Melbourne, Fl. 32940	
TITLE	T	☐ Delete	TITLE	S	☐ Change ☒ Addition
NAME	WOLFF, RENEE		NAME	Cronin, Valerie	
STREET ADDRESS	339 MARKLEY CT		STREET ADDRESS	4535 WillowBend Dr.	
CITY-ST-ZIP	INDIALANTIC HARBOR BEACH, FL 32937		CITY-ST-ZIP	Melbourne, Fl. 32935	
TITLE	VP	☐ Delete	TITLE	T	☐ Change ☒ Addition
NAME	TERRE, PATRICIA		NAME	Chrest-Wagner, Darlene	
STREET ADDRESS	1012 SPANISH WELLS DR.		STREET ADDRESS	4651 W.Eau Gallie Blvd. Lot #62	
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP	Melbourne, Fl. 32934	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	DICKS, PATRICIA		NAME	Deutch, Kelly	
STREET ADDRESS	351 CYPRESS ST.		STREET ADDRESS	707 John Adams Lane	
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP	West Melbourne, Fl. 32904	
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: <u><i>Mary Jane McMillen</i></u> MARY JANE McMillen <u>5-5-05</u> <u>321-</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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