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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 716305 (8)

1. Corporation Name

PILOT CLUB OF PALATKA, INC.



Principal Place of Business

Mailing Address

P.O. BOX 2202
PALATKA FL 32178

P.O. BOX 2202
PALATKA FL 32178

3. Date Incorporated or Qualified

04/03/1969

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TORODE, JUDY
257 RIVER DR
CARRIAGE TERRACE
EAST PALATKA FL 32177

81

Name

MACE, ELIZABETH

82

Street Address (P.O. Box Number is Not Acceptable)

1703 LAUREL STREET

83

84

City

PALATKA

FL

85 Zip Code
32177

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

Elizabeth Mace
Signature, typed, printed name of registered agent and title if applicable

PRESIDENT

Elizabeth Mace

5/1/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME NICHOLSON, MARILYN
STREET ADDRESS RT 5 BOX 2003, CARRIAGE TERRAC
CITY-ST-ZIP PALATKA FL

11 TITLE VD ☐ Change ☒ Addition
12 NAME KENT, MARY
13 STREET ADDRESS PO BOX 1755 N/A
14 CITY-ST-ZIP PALATKA FL 32178-1755

TITLE PD ☐ DELETE
NAME TORODE, JUDY
STREET ADDRESS 257 RIVER RD
CITY-ST-ZIP EAST PALATKA FL

21 TITLE D ☒ Change ☐ Addition
22 NAME TORODE, JUDY
23 STREET ADDRESS 257 RIVER ROAD
24 CITY-ST-ZIP EAST PALATKA FL 32131

TITLE TD ☐ DELETE
NAME FIELDS, SHERRY
STREET ADDRESS P.O. BX 711 N/A
CITY-ST-ZIP HOLLISTER FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME MACE, ELIZABETH
STREET ADDRESS 1703 LAUREL ST
CITY-ST-ZIP PALATKA FL

41 TITLE PD ☒ Change ☐ Addition
42 NAME MACE, ELIZABETH
43 STREET ADDRESS 1703 LAUREL STREET
44 CITY-ST-ZIP PALATKA FL 32177

TITLE SD ☐ DELETE
NAME REYNOLDS, NANCY J
STREET ADDRESS 212 WESTOVER CIRCLE
CITY-ST-ZIP PALATKA FL

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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:

Sherri Y. Fields
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherri Y. Fields 5/1/96 (904)329-0318
Date Daytime Phone

CR2E037 (12/95)