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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **716305** (8)

1. Corporation Name

PILOT CLUB OF PALATKA, INC.

Principal Place of Business

P.O. BOX 2202
PALATKA FL 32178

Mailing Address

P.O. BOX 2202
PALATKA FL 32178

3. Date Incorporated or Qualified

04/03/1969

4. FEI Number

59-6173299

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACE, ELIZABETH
1703 LAUREL ST.
PALATKA FL 32177**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **D TORODE, JUDY**
STREET ADDRESS **257 RIVER RD**
CITY-ST-ZIP **EAST PALATKA FL 32131**

TITLE ☒ DELETE

NAME **TD STUMBO, WANDA**
STREET ADDRESS **P.O. BOX 1984 N/A**
CITY-ST-ZIP **PALATKA FL**

TITLE ☐ DELETE

NAME **PD MACE, ELIZABETH**
STREET ADDRESS **1703 LAUREL ST**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME **VD KENT, MARY**
STREET ADDRESS **PO BOX 1755 N/A**
CITY-ST-ZIP **PALATKA FL 32178-1755**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**Treasurer
Catherine H Shefffield
Rt 3 Box 1951
Palatka FL 32177.**

**Vice President
Mary Rhopa La Cierra.**

President.

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.

SIGNATURE:

Cathy H Shefffield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/98
Date

904-328-9197
Daytime Phone #

CR2E037 (10/97)