1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90036 021 ****61.25

DOCUMENT # 71	ได้วับ	O
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1. Corporation Name

PILOT CLUB OF PALATKA, INC.

Prine	cipal	Place	of	Bus	iness
PΛ	RAY	2202			

PALATKA FL 32178

Mailing Address

P.O. BOX 2202 PALATKA FL 32178

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Data Incorporated or Qualifed

	apal Place of Business 26.			04/03/1969				
Suite, Apt.	# etc	Suite, Apt. #, etc.			4. FEI Number	Apr	olied For	
				59-6173299	Not	Applicable		
22 City & Stat	e	City & State				\$8.75 A	dditional	
23				5. Certificate of Status Desired	Fee Rec	quired		
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	May Bø	
24	25	29 30]		Trust Fund Contribution	Added to	Fees	
	9. Name and Address of Curren				10. Name and Address of New Registered	Agent		
			81	Name				
MACE, EL	IZARETU		82 Street Address (P.O. Box Number is Not Acceptable)					
1703 LAU			02	Sueet Addie	(F.O. BOX Humber is Not Acceptable)			
			83					
PALATKA	FE SCH!			0		85 Zip C		
			84	City	FL	85 Zip C	OUB	
11. Pursuant	to the provisions of Sections 617 050	2 and 617.1508. Florida Statutes.	the above	-named corpo	pration submits this statement for the purpose of	changing its	registered	
office or r	enistered agent, or both, in the State :	of Florida. Such change was autho	orized by	une corporatio	n's board of directors. I hereby accept the appo	intment as reg	jistered	
agent. I a	m familiar with, and accept the obliga-	tions of, Section 617.0503, Florida	i Statutes.	•				
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOTE: Rec	oistered Agen	t signature required	when reinstating) DATE			
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	Т	∠ DELETE	1.1 TITLE	5		Change	Additio	
NAME	SHEFFIELD, CATHERINE H.		1.2 NAME	D	onothy Deal 39 Butto Rd # =			
STREET ADDRESS	ROUTE 3, BOX 1951		1.3 STREET	ADDRESS 2	39 BURSON Blutto Par			
CITY-ST-ZIP	PALATKA FL 32177		1.4 CITY-57	-ZP 5-2	tsumi. 71 32189			
TITLE	D	DELETE	2.1 TITLE			Change	Addition	
NAME	TORODE, JUDY	,-	2.2 NAME	n	pargaret Willis			
STREET ADDRESS	257 RIVER RD		2.3 STREET	ADDRESS 2	no mailison Street			
	EAST PALATKA FL 32131		2. 4 CITY-S	T-ZIP	alotte 71 32177			
CITY-ST-ZIP TITLE	DOT	☐ DELETE	3.1 TITLE	T.	alatta 71 32177	Change	Addition	
NAME	STUMBO, WANDA		3.2 NAME	1	ladys Harlye		• •	
		j	3.3 STREET	ADDRESS 1	505 Caristr.			
STREET ADDRESS			3.4. CITY-S	7.70	alatke 76 32/77			
CITY-ST-ZIP	PALATKA FL	DELETE	4.1 TITLE			☐ Change	Addition	
TITLE	PD	ES OCCUPA	4.2 NAME	12	ane Hafner		, —	
NAME	MACE, ELIZABETH			, 4000ECC	DO BOX 532			
STREET ADDRESS		ļ	4.3 STREET	AUDRESS /	Polatka 71 32178	,		
CITY-ST-ZIP	PALATKA FL 32177		4.4 CITY-S	r-zip /	Ulaire TI Scilo	Change	Addition	
TITLE	א או	☐ DELETE	5.1 TITLE	10	ور " بسر.	- Charige	A LOGINO	

32/フフ 6.4 CITY-ST-ZIP PALATKA FL 32178-1755 CITY-ST-ZIP 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.

5.2 NAME

6.1 TITLE

62 NAME

5.3 STREET ADORESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

LA CIERRA, MARY RHOPA

212 WESTOVER CIRCLE

<u>Palatka fl</u>

KENT, MARY

PO BOX 1755 N/A

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

Addition