2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 24, 2002 8:00 am
Secretary of State
02-21-2002 90149 041 ****61.25

DOCUMENT # 716305

1. Entity 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

DO NOT WRITE IN THIS SPACE

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 59-6173299 ☐ 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
DANESE, KATHY 323 W RIVER RD PALATKA FL 32177	Name AMANDA A WATT Street Address (P.O. Box Number is Not Acceptable) 417 KIRBY ST City PALATKA FL Zip Code 32177

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.

SIGNATURE X Amanda Watt 2/7/2002
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DANESE, KATHY 323 W RIVER RD PALATKA FL 32177	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT TIA LINGLE 601 MOSELEY ST PALATKA, FL 32177	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS	P-E LINGLE, TIA P.O. BOX 2202	☒ Delete	TITLE / NAME / STREET ADDRESS	PRES-ELECT AMANDA WATT 417 KIRBY ST	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WATT, AMANDA 417 KIRBY ST PALATKA FL 32177	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARY M. CONNOR VICE PRESIDENT 1722 S. 13th St PALATKA, FL 32177	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS MACE, ELIZABETH 1703 LAUREL ST PALATKA FL 32177	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~ANNETTE PETERS~~ DIR ~~2512 SILVER LAKE~~ DR. JANE HAFNER ~~PALATKA, FL 32178~~ P.O. BOX 532 ~~CORRESPONDING SEC~~ PALATKA, FL 32178	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BENNETTOFF, MARY 129 RIVERVIEW DR EAST PALATKA FL 32131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR. CLEM SACCARECCIA 311 ST. JOHNS AV PALATKA, FL 32177	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICHOLSON, MARILYN RT 5, BOX 2003 PALATKA FL 32177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MARILYN NICHOLSON 183 CARRIAGE TERRACE PALATKA, FL 32177	☒ Change ☐ Addition

CR2E037 (9/01)

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: MARY M. BENNETTOFF 2/7/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #