2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

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

04112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

CONNOR, MARY
1222 SOUTH 13TH ST.
PALATKA, FL 32177

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

000000307725
04/15/05-80064-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	STUMBO, WANDA
STREET ADDRESS	PO BOX 1984
CITY-ST-ZIP	PALATKA, FL 32178
TITLE	D
NAME	DAVIS, SUZANNE
STREET ADDRESS	201 CITRA DR.
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	D
NAME	CONNOR, MARY M
STREET ADDRESS	1222 S. 13TH ST
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	D
NAME	SPROUSE, PAM
STREET ADDRESS	123 ESPERANZA GROVE RD.
CITY-ST-ZIP	EAST PALATKA, FL 32131
TITLE	P
NAME	SACCARECCIA, CLEM
STREET ADDRESS	311 ST. JOHNS AVE
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	D
NAME	SMITH, DOTHEA
STREET ADDRESS	PO BOX 1151
CITY-ST-ZIP	PALATKA, FL 32178

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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: Wanda M. Stumbo 4-11-05 386-312-0292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #