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Feb 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 728920 (0)
1. Corporation Name
THE FLORIDA STATE PILOTS' ASSOCIATION INCORPORAT
ED



Principal Place of Business Mailing Address
10263 HUNT CLUB LANE 10263 HUNT CLUB LANE
PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418-4574
US US

3. Date Incorporated or Qualified 02/26/1974 3a. Date of Last Report 04/26/1996
4. FEI Number 23-7354479 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODEN, WILLIAM G JR.
10263 HUNT CLUB LANE
PALM BEACH GARDENS FL 33418

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 PD ☐ DELETE
NAME MADDOX, GARY
STREET ADDRESS 5140 SAN JOSE STREET
CITY-ST-ZIP TAMPA FL
TITLE VD ☐ DELETE
NAME HANCEY, BRIAN
STREET ADDRESS P O BOX 13017 N/A
CITY-ST-ZIP PORT EVERGLADES FL
TITLE TD ☐ DELETE
NAME RODEN, WILLIAM
STREET ADDRESS 10263 HUNT CLUB LANE
CITY-ST-ZIP PALM BEACH GARDENS FL
TITLE VD ☐ DELETE
NAME BRYSON, ERIC
STREET ADDRESS 4910 OCEAN AVE.
CITY-ST-ZIP MAYPORT FL
TITLE SD ☐ DELETE
NAME JACCOMA, MICHAEL
STREET ADDRESS 2911 PORT BLVD.
CITY-ST-ZIP MIAMI FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 HANLEY, BRIAN
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

14. I do 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: [Signature] 2/5/97 561-626-5510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0041504

CP2E037 (9/96)