

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**



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

DOCUMENT # 739656 (7)
1. Corporation Name
FLORIDA DISTRICT INC. PILOT CLUB INTERNATIONAL.



Principal Place of Business: **1445 MITCHELL AVE TALLAHASSEE FL 32303 US**
Mailing Address: **1445 MITCHELL AVE TALLAHASSEE FL 32303 US**

3. Date Incorporated or Qualified: **07/13/1977**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **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
21 **1402 Redbud Circle**
Suite, Apt. #, etc.
22
City & State
23 **Plant City, FL**
Zip Country
24 **33566 US**
25
2a. Mailing Address
26 **1402 Redbud Circle**
Suite, Apt. #, etc.
27
City & State
28 **Plant City, FL**
Zip Country
29 **33566 US**
30

g. Name and Address of Current Registered Agent
DIXON, DENE' 1445 MITCHELL AVE TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent
81 Name: **Nancy Miller**
82 Street Address (P.O. Box Number is Not Acceptable): **1402 Redbud Circle**
83
84 City: **Plant City FL** 85 Zip Code: **33566**

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: *Nancy Miller* **NANCY Miller Governor** 4/28/96
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	VD <input checked="" type="checkbox"/> DELETE
NAME	DIXON, DENE'
STREET ADDRESS	1445 MITCHELL AVE
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	MILLER, NANCY
STREET ADDRESS	1402 REDBUD CIRCLE
CITY-ST-ZIP	PLANT CITY FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	TAYLOR, LESLIE
STREET ADDRESS	P.O. BO 41AA
CITY-ST-ZIP	EARLTON FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	DIXON, BARMELL
STREET ADDRESS	P.O. BX 696 N/A
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MILLER, NANCY
1.3 STREET ADDRESS	1402 Redbud Circle
1.4 CITY-ST-ZIP	Plant City, FL 33566
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WAGGONER, BETTY
2.3 STREET ADDRESS	6533 Todd Road
2.4 CITY-ST-ZIP	Jacksonville, FL 32216
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROBERTS, ANN
4.3 STREET ADDRESS	1602 South Park Rd.
4.4 CITY-ST-ZIP	Plant City, FL 33566
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	400001810254-96
5.4 CITY-ST-ZIP	-05/07/96--01011-028
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	***61.25
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Nancy Miller* **Nancy Miller - Governor** 4/28/96
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)