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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739656

1. Corporation Name

FLORIDA DISTRICT INC. PILOT CLUB INTERNATIONAL.

Principal Place of Business

6533 TODD ROAD
JACKSONVILLE FL 32216
US

Mailing Address

6533 TODD ROAD
JACKSONVILLE FL 32216
US

486851-90022-541*



2. Principal Place of Business

21 39127 Pretty Pond Rd
Suite, Apt. #, etc.

2a. Mailing Address

26 39127 Pretty Pond Rd
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

07/13/1977

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

23 City & State

Zephyrhills FL

28 City & State

Zephyrhills FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

33540 US

29 Zip 30 Country

33540 US

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HOLDEN, LINDA
4766 CR 118
WILDWOOD FL 34785

10. Name and Address of New Registered Agent

81 Name LYN MCGAVERN
82 Street Address (P.O. Box Number is Not Acceptable)
39127 Pretty Pond Road
83
84 City Zephyrhills FL 85 Zip Code 33540

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 Lyn McGavern
Signature, typed or printed name of registered agent and title if applicable.

4/28/99
DATE
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOLDEN, LINDA	
STREET ADDRESS	4766 CR 118	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	DGE	<input checked="" type="checkbox"/> DELETE
NAME	HOLDEN, LINDA	
STREET ADDRESS	4766 CR 118	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POTTER, JANET	
STREET ADDRESS	2231 MAGNOLIA AVENUE	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FREEMAN, ANN	
STREET ADDRESS	2055 17 STREET	
CITY-ST-ZIP	VERO BEACH FL 32980	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, GWEN	
STREET ADDRESS	4766 CR 118	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SD Carolyn White
5.3 STREET ADDRESS	1587 Sherres Lane
5.4 CITY-ST-ZIP	Holly Hill, FL 32117
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Lyn McGavern
6.3 STREET ADDRESS	39127 Pretty Pond Road
6.4 CITY-ST-ZIP	Zephyrhills FL 33540

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

SIGNATURE: Ann Freeman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/28/99
Date
561-567-1372
Daytime Phone #

CR2E037 (11/98)