


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90263 016 \*\*\*\*61.25

**DOCUMENT # 739656**

1. Entity Name  
 FLORIDA DISTRICT INC. PILOT CLUB INTERNATIONAL.



Principal Place of Business  
 3181 CHAIRES CROSS RD  
 TALLAHASSEE, FL 32317 US

Mailing Address  
 3181 CHAIRES CROSS RD  
 TALLAHASSEE, FL 32317 US

2. Principal Place of Business  
 2055 17<sup>th</sup> Street  
 Suite, Apt. #, etc.  
 Vero Beach FL


3. Mailing Address  
 2055 17<sup>th</sup> Street  
 Suite, Apt. #, etc.

City & State  
 Vero Beach FL

City & State  
 Vero Beach FL

Zip 32960 Country Indian River

66429120



01072004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

FREEMAN, ANN M  
 2055 17TH ST  
 VERO BEACH, FL 32960

4. FEI Number  
 NOT APPLICABLE

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

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 re-registering))

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GED FREEMAN, ANN M 2055 17TH ST VERO BEACH, FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Governor (P) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FDG VENDRICK, JUDY 30347 LETTINGWELL CIRCLE WESLEY CHAPEL, FL 33543 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Governor Elect (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Agatha Muse-Salters 1843 Cooper Ave Trail Tallahassee FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACQUES, SHIRLEY 3043 N. 1ST AVE MILTON, FL 32583 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary (S) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Carolyn White 1587 Sherris Lane Holly Hill FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDENFIELD, CHARLOTTE 3181 CHAIRES CROSS RD TALLAHASSEE, FL 32317 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer (T) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ann Sears 6160 N. Davis Hwy, Suite 7 Pensacola FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GD MOUNT, LAVELLE 4903 NW 41ST ST GAINESVILLE, FL 32606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert F. Muchow <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6100 Cheyenne Drive Milton FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LGD COLLIER, CAROLYN DILL 101 N ROCK RD FORT PIERCE, FL 34845 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deborah DiFranco <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 400 Perthshire Drive Orange Park FL 32073

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: Ann M Freeman Charlotte Edenfield 4/27/04 850-894-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #

772-231-4402