

**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 # N31843 (8)**

1. Corporation Name

**PILOT CLUB OF ST. LUCIE COUNTY, INC.**



Principal Place of Business

Mailing Address

P O BOX 4506  
P. O. BOX 4506  
FT PIERCE FL 34948-1505  
US

P O BOX 4505  
P. O. BOX 4505  
FT PIERCE FL 34948-1505  
US

3. Date Incorporated or Qualified  
**04/20/1989**

3a. Date of Last Report  
**03/14/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**65-0069420**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DILL, CAROLYN  
101 N ROCK RD  
FT PIERCE FL 34945**

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	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>TUDINO, BARBARA</b>
STREET ADDRESS	<b>6705 SANTA CLARA BLVD.</b>
CITY-ST-ZIP	<b>FORT PIERCE FL 34951</b>
TITLE	<b>DS</b> <input type="checkbox"/> DELETE
NAME	<b>DELUCIA, JANET</b>
STREET ADDRESS	<b>1701 S.E. LORRANIE ST.</b>
CITY-ST-ZIP	<b>PORT ST LUCIE FL 34952</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE
NAME	<b>LOVERIDGE, LOIS E</b>
STREET ADDRESS	<b>1700 CORTEZ BLVD.</b>
CITY-ST-ZIP	<b>FT. PIERCE FL 34982</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>TUDINO, ANITA</b>
STREET ADDRESS	<b>1 MONTOYA</b>
CITY-ST-ZIP	<b>FT PIERCE FL 34951</b>
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 '92

1.1 TITLE	<input 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	<b>D Dill-Collier, Carolyn</b>
5.3 STREET ADDRESS	<b>101 N Rock Road</b>
5.4 CITY-ST-ZIP	<b>Fort Pierce, Fl. 34945</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**300001860218  
-06/12/96--01103--024  
\*\*\*61.25**

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: *Carolyn Dill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 (407) 465-5755  
Date Daytime Phone #

CR2E037 (12/95)