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Jan 30 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 # N31843 (8)  
1. Corporation Name  
PILOT CLUB OF ST. LUCIE COUNTY, INC.



Principal Place of Business: P O BOX 4505, P. O. BOX 4505, FT PIERCE FL 34948-1505, US  
Mailing Address: P O BOX 4505, P. O. BOX 4505, FT PIERCE FL 34948-4505, US

3. Date Incorporated or Qualified: 04/20/1989  
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21-24): Suite, Apt. #, etc., City & State, Zip, Country  
2a. Mailing Address (25-28): Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: 65-0069420  
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  
DILL, CAROLYN  
101 N ROCK RD  
FT PIERCE FL 34945

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                              |
|----------------------------|----------------------------|---|------------------------------|
| TITLE                      | P<br>TUDINO, BARBARA       | 1.1 TITLE   | P/D<br>DILL-COLLIER, CAROLYN |
| NAME                       | 6705 SANTA CLARA BLVD.     | 1.2 NAME  | 101 N. ROCK ROAD             |
| STREET ADDRESS             | FORT PIERCE FL 34951       | 1.3 STREET ADDRESS                                    | FORT PIERCE, FL 34945        |
| CITY-ST-ZIP                |                            | 1.4 CITY-ST-ZIP                                       |                              |
| TITLE                      | DS<br>DELUCIA, JANET       | 2.1 TITLE   | V/D<br>JANET DeLUCIA         |
| NAME                       | 1701 S.E. LORRANIE ST.     | 2.2 NAME  | 1701 S.E. LORRANIE ST.       |
| STREET ADDRESS             | PORT ST LUCIE FL 34952     | 2.3 STREET ADDRESS                                    | PORT ST. LUCIE FL 34952      |
| CITY-ST-ZIP                |                            | 2.4 CITY-ST-ZIP                                       |                              |
| TITLE                      | DT<br>LOVERIDGE, LOIS E    | 3.1 TITLE   | T/D<br>TUDINO, ANITA C.      |
| NAME                       | 1700 CORTEZ BLVD.          | 3.2 NAME  | 1 MONTOYA                    |
| STREET ADDRESS             | FT. PIERCE FL 34982        | 3.3 STREET ADDRESS                                    | FORT PIERCE, FL 34951        |
| CITY-ST-ZIP                |                            | 3.4 CITY-ST-ZIP                                       |                              |
| TITLE                      | D<br>TUDINO, ANITA         | 4.1 TITLE   | D<br>TUDINO, BARBARA J.      |
| NAME                       | 1 MONTOYA                  | 4.2 NAME  | 6705 SANTA CLARA BLVD.       |
| STREET ADDRESS             | FT PIERCE FL 34951         | 4.3 STREET ADDRESS                                    | FORT PIERCE, FL 34951        |
| CITY-ST-ZIP                |                            | 4.4 CITY-ST-ZIP                                       |                              |
| TITLE                      | D<br>DILL-COLLIER, CAROLYN | 5.1 TITLE   |                              |
| NAME                       | 101 N. ROCK ROAD           | 5.2 NAME  |                              |
| STREET ADDRESS             | FT. PIERCE FL 34945        | 5.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                |                            | 5.4 CITY-ST-ZIP                                       |                              |
| TITLE                      |                            | 6.1 TITLE   |                              |
| NAME                       |                            | 6.2 NAME  |                              |
| STREET ADDRESS             |                            | 6.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                |                            | 6.4 CITY-ST-ZIP                                       |                              |

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| NAME                       |                            | 6.2 NAME  |                              |
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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.

*(Handwritten signature)*

ANITA C. TUDINO, TREASURER 1/16/97 467 2075 EX 2127

CR2E037 (9/96)