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

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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

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

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

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DILL-COLLIER, CAROLYN	
1.3 STREET ADDRESS	101 N. ROCK ROAD	
1.4 CITY-ST-ZIP	FORT PIERCE, FL 34945	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JANET DeLUCIA	
2.3 STREET ADDRESS	1701 S.E. LORRAINE ST.	
2.4 CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
3.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TUDINO, ANITA C.	
3.3 STREET ADDRESS	1 MONTOYA	
3.4 CITY-ST-ZIP	FORT PIERCE, FL 34951	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TUDINO, BARBARA J.	
4.3 STREET ADDRESS	6705 SANTA CLARA BLVD.	
4.4 CITY-ST-ZIP	FORT PIERCE, FL 34951	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)