

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31843

FILED
Jan 15, 2009
Secretary of State

Entity Name: PILOT CLUB OF ST. LUCIE COUNTY, INC.

Current Principal Place of Business:

P O BOX 4505
P. O. BOX 4505
FT PIERCE, FL 349481505 US

New Principal Place of Business:

2609 NORTH INDIAN RIVER DRIVE
FT PIERCE, FL 34946 US

Current Mailing Address:

P O BOX 4505
P. O. BOX 4505
FT PIERCE, FL 349481505 US

New Mailing Address:

P O BOX 4505
FT PIERCE, FL 349481505 US

FEI Number: 65-0069420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADKINS, LORRAINE M
118 YACHT VIEW LANE
FORT PIERCE, FL 34946 US

Name and Address of New Registered Agent:

TYE, STEFANI F
2609 NORTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34946 US

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.

SIGNATURE: STEFANI F. TYE

01/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TAYLOR, KAREN
Address: 396 TORPEY ROAD
City-St-Zip: FORT PIERCE, FL 34946

Title: D () Delete
Name: MCKENZIE, BARBARA
Address: 606 AZALEA AVENUE
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: ADKINS, LORRAINE M
Address: 118 YACHT VIEW LANE
City-St-Zip: FORT PIERCE, FL 34946

Title: D () Delete
Name: DILL-COLLIER, CAROLYN
Address: 101 NORTH ROCK RD
City-St-Zip: FORT PIERCE, FL 34945

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: TUDINO, ANITA C
Address: ONE MONTOYA
City-St-Zip: FORT PIERCE, FL 34951

Title: O (X) Change () Addition
Name: MCKENZIE, BARBARA
Address: 606 AZALEA AVENUE
City-St-Zip: FORT PIERCE, FL 34982

Title: O (X) Change () Addition
Name: TYE, STEFANI F
Address: 2609 NORTH INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34946

Title: O (X) Change () Addition
Name: DILL, ROSALIE
Address: THREE OCTAVIO
City-St-Zip: FORT PIERCE, FL 34951

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEFANI F. TYE

O

01/15/2009

Electronic Signature of Signing Officer or Director

Date