

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 # **N41001** (1)
1. Corporation Name

FIRST COAST PILOT CLUB OF ST. AUGUSTINE, FLORIDA, INC.



Principal Place of Business	Mailing Address
% MARY LOU HENSEL 4241 WICKS BRANCH ST. AUGUSTINE FL 32086	% MARY LOU HENSEL 4241 WICKS BRANCH ST. AUGUSTINE FL 32086

3. Date Incorporated or Qualified 11/26/1990	3a. Date of Last Report 03/13/1995
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2749892	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent

**BREIDENSTEIN, ANN
117 BRIDGE STREET
ST. AUGUSTINE FL 32084**

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 signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SELLNER, VICKI L.	1.2 NAME	D MARY LOU PRESTON
STREET ADDRESS	60 COMARES AVE	1.3 STREET ADDRESS	4241 WICKS BRANCH
CITY-ST-ZIP	ST AUGUSTINE FL	1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES, LOIS	2.2 NAME	
STREET ADDRESS	3765 ARROWHEAD DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, ANNETTE	3.2 NAME	T PAULA OWENS
STREET ADDRESS	56 LEE DR	3.3 STREET ADDRESS	27 OCEAN WAY
CITY-ST-ZIP	ST AUGUSTINE FL	3.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREIDENSTEIN, ANN	4.2 NAME	P RUTH STINSON
STREET ADDRESS	14 PERKINS LANE	4.3 STREET ADDRESS	7877 US 1 SOUTH
CITY-ST-ZIP	PALM COAST FL	4.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTO, MARY	5.2 NAME	
STREET ADDRESS	101 COQUINA AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINCHMAN, AUDRIA	6.2 NAME	
STREET ADDRESS	4665 FIFTH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	6.4 CITY-ST-ZIP	

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: Paula B. Owens **2/22/96** **904/825-1007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)