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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N41001

1. Corporation Name
FIRST COAST PILOT CLUB OF ST. AUGUSTINE, FLORIDA, INC.

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



21. Principal Place of Business c/o Tammy Marshall Suite, Apt. #, etc. 400 N. Ponce de Leon Blvd City & State St. Augustine, FL Zip 32084	22. Mailing Address c/o Tammy Marshall Suite, Apt. #, etc. P.O. Drawer 3067 City & State St. Augustine, FL Zip 32085	23. Date Incorporated or Qualified 11/26/1990	24. FEI Number 59-2749892	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
25. Country USA	26. Country USA	27. Certificate of Status Desired <input type="checkbox"/>	28. Election Campaign Financing <input type="checkbox"/>	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent HINCHMAN, AUDRIA 133 NORTH BLVD. ST. AUGUSTINE FL 32095	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
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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: _____ DATE: _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CS	NAME HANKINS, PATRICIA A STREET ADDRESS 78 FERROL RD CITY-ST-ZIP ST AUGUSTINE FL 32095	1.1 TITLE President-elect	Tammy Marshall c/o Herbie Wiles Insurance P.O. Drawer 3067 St. Augustine, FL 32085
TITLE P	NAME HAYNES, LOIS STREET ADDRESS 3765 ARROWHEAD DR. CITY-ST-ZIP ST. AUGUSTINE FL	2.1 TITLE Director	Patricia Eaton 3740 Arrowhead Dr. St. Augustine, FL 32086
TITLE D	NAME OWENS, PAULA B STREET ADDRESS 27 OCEAN WAY CITY-ST-ZIP ST AUGUSTINE FL	3.1 TITLE Director	Mary Jane Little Rt. 3 Box 16 E. Palatka, FL 32131
TITLE D	NAME MCCORMACK, TRISH STREET ADDRESS 2730 US 1 SOUTH CITY-ST-ZIP ST. AUGUSTINE FL 32086	4.1 TITLE Director	Mary Otto 101 Coquina Ave St. Augustine, FL 32084
TITLE P	NAME BURNS, NANCY STREET ADDRESS 4600 A1A S., VILLAGE DELLAGO 3-1 CITY-ST-ZIP ST AUGUSTINE FL	5.1 TITLE	
TITLE T	NAME HINCHMAN, AUDRIA STREET ADDRESS 133 NORTH BLVD. CITY-ST-ZIP ST AUGUSTINE FL	6.1 TITLE	

14. I 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, with all other like empowered.

SIGNATURE: *Audria M. Hinchman* RE-AUDRIA M. Hinchman 3/8/99 904/829/2201
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)