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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N45612

1. Corporation Name

PILOT CLUB OF TALLAHASSEE FOUNDATION, INC.

Principal Place of Business
2623 NORTH MONROE STREET
TALLAHASSEE FL 32303

Mailing Address
2623 NORTH MONROE STREET
TALLAHASSEE FL 32303



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
10/14/1991

4. FEI Number
59-6009746

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**

9. Name and Address of Current Registered Agent

JANE P. FURLONG
2623 NORTH MONROE STREET
TALLAHASSEE FL 32303

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **FURLONG, JANE P**
STREET ADDRESS **2623 NORTH MONROE STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **PD** ☐ DELETE
NAME **SANDRA STOCKWELL**
STREET ADDRESS **1032 MERRITT DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **TD** ☐ DELETE
NAME **EDENFIELD, CHARLOTTE A**
STREET ADDRESS **3181 CHAIRES CROSS RD**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **D** ☐ DELETE
NAME **DIXON, DENE**
STREET ADDRESS **1445 MITCHELL AVENUE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D** ☐ DELETE
NAME **SALTERS, AGATHA**
STREET ADDRESS **2623 NORTH MONROE ST**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **S/D** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **P/D** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Charlotte Edenfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/17/99

Daytime Phone #

850-894-3000

CR2E037 (1/98)