

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:08

DOCUMENT # 700032 (6)

1. Corporation Name
PILOT CLUB OF TALLHASSEE, INC.

Principal Place of Business Mailing Address
4255 ENGLISH LANE TALLHASSEE FL 32301 4255 ENGLISH LANE TALLHASSEE FL 32301

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

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 10/07/1959 3a. Date of Last Report 04/28/1994
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
FREE, OPAL
6260 CRAWFORDVILLE ROAD
TALLHASSEE FL 32310

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	FURLONG, JANE
STREET ADDRESS	308 E. PARK AVE.
CITY-ST-ZIP	TALLHASSEE, FL 00000
TITLE	PE
NAME	FLANNERY, KELLIE
STREET ADDRESS	7625 TALLEY ANN DR.
CITY-ST-ZIP	TALLHASSEE, FL 00000
TITLE	DT
NAME	EATON, CHARLOTTE
STREET ADDRESS	180 DAWN LAUREN LANE
CITY-ST-ZIP	TALLHASSEE FL
TITLE	DS
NAME	MCCARTER, HARRIETTE
STREET ADDRESS	1131 HAWTHORNE ST
CITY-ST-ZIP	TALLHASSEE, FL 00000
TITLE	D
NAME	FURLONG, MARGARET
STREET ADDRESS	426 JEFFERSON ST.
CITY-ST-ZIP	TALLHASSEE FL
TITLE	VP
NAME	MITCHELL, ANNE
STREET ADDRESS	341 HUNTER CROSSING
CITY-ST-ZIP	TALLHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Furlong, Jane	
1.3 STREET ADDRESS	308 E. Park Avenue	
1.4 CITY-ST-ZIP	Tallahassee FL 32301	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Flannery, Kellie	
2.3 STREET ADDRESS	7625 Talley Ann Dr.	
2.4 CITY-ST-ZIP	Tallahassee FL 32311	
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Eaton, Charlotte	
3.3 STREET ADDRESS	Route 2, Box 560	
3.4 CITY-ST-ZIP	Tallahassee FL 32311	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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	PE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Skoglund, Linda	
6.3 STREET ADDRESS	Route 17, Box 1244	
6.4 CITY-ST-ZIP	Tallahassee FL 32311	

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 110.07(3)(b), 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, and I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charlotte Eaton CHARLOTTE EATON 2/13/93 904-422-2325