

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 # 700032 (6)

1. Corporation Name

PILOT CLUB OF TALLAHASSEE, INC.



Principal Place of Business

Mailing Address

4255 ENGLISH LANE
TALLAHASSEE FL 32301

4255 ENGLISH LANE
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified
10/07/1959

3a. Date of Last Report
02/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-6009746

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREE, OPAL
6260 CRAWFORDVILLE ROAD
TALLAHASSEE FL 32310

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	FURLONS, JANE	
STREET ADDRESS	308 E PARK AVENUE	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FLANNERY, KELLIE	
STREET ADDRESS	7625 TALLEY ANN DR	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	EATON, CHARLOTTE	
STREET ADDRESS	RT 2 BOX 560	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTER, HARRIETTE	
STREET ADDRESS	1131 HAWTHORNE ST	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FURLONG, MARGARET	
STREET ADDRESS	426 JEFFERSON ST.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PE	<input type="checkbox"/> DELETE
NAME	SKOGLUND, LINDA	
STREET ADDRESS	RT 17 BOX 1324-A	
CITY-ST-ZIP	TALLAHASSEE FL	

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FURLONG (SPELLING)	
1.3 STREET ADDRESS	SAME	
1.4 CITY-ST-ZIP	SAME 32301	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BETTYE ERDMAN	
2.3 STREET ADDRESS	1212 HALIFAX COURT	
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EDENFIELD, CHARLOTTE E.	
3.3 STREET ADDRESS	SAME	
3.4 CITY-ST-ZIP	SAME 32311	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ALICE CHAMBERS	
4.3 STREET ADDRESS	4255 ENGLISH LANE	
4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SAME	
5.3 STREET ADDRESS	1416 LEE AVENUE	
5.4 CITY-ST-ZIP	SAME 32303	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	SAME 32308	

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:

Jane P. Furlong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANE P. FURLONG

4/22/96

(904) 386-2193

Date

Daytime Phone #

CR2E037 (12/95)