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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N31843** (8)

1. Corporation Name

PILOT CLUB OF ST. LUCIE COUNTY, INC.

Principal Place of Business

Mailing Address

P O BOX 4505
P. O. BOX 4505
FT PIERCE FL 34948-1505
US

P O BOX 4505
P. O. BOX 4505
FT PIERCE FL 34948-1505
US

3. Date Incorporated or Qualified

04/20/1989

4. FEI Number

65-0069420

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DILL, CAROLYN
101 N ROCK RD
FT PIERCE FL 34945

81 Name **ANITA C. TUDINO**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **1 MONTOYA**

84 City **FORT PIERCE**

FL 85 Zip Code **34951**

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

Anita C. Tudino
Signature, typed or printed name of registered agent and title if applicable. *

(NOTE: Registered Agent signature required when reappointing)

DATE

ANITA C. TUDINO, TREASURER 1/9/98

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **DILL-COLLIER, CAROLYN**
STREET ADDRESS **101 N. ROCK ROAD**
CITY-ST-ZIP **FORT PIERCE FL**

TITLE **VD** ☐ DELETE

NAME **JANET DELUCIA**
STREET ADDRESS **1701 S.E. LORRAINE ST**
CITY-ST-ZIP **PORT ST. LUCIE FL**

TITLE **TD** ☐ DELETE

NAME **TUDINO, ANITA C.**
STREET ADDRESS **1 MONTOYA**
CITY-ST-ZIP **FORT PIERCE FL**

TITLE **D** ☐ DELETE

NAME **TUDINO, BARBARA J.**
STREET ADDRESS **6705 SANTA CLARA BLVD.**
CITY-ST-ZIP **FORT PIERCE FL**

TITLE **D** ☒ DELETE

NAME **DILL-COLLIER, CAROLYN**
STREET ADDRESS **101 N. ROCK ROAD**
CITY-ST-ZIP **FT. PIERCE FL 34945**

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 ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ 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.

SIGNATURE:

Anita C. Tudino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)