


FILE NOW: FILING FEE IS \$61.25

FILED

May 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra Br. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739656 (7)
 1. Corporation Name
FLORIDA DISTRICT INC. PILOT CLUB INTERNATIONAL.



Principal Place of Business 6533 TODD ROAD JACKSONVILLE FL 32216 US	Mailing Address 6533 TODD ROAD JACKSONVILLE FL 32216 US
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3. Date Incorporated or Qualified 07/13/1977	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WAGGONER, BETTY 6533 TODD ROAD JACKSONVILLE FL 32216	
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10. Name and Address of New Registered Agent	
81 Name Linda Holden	
82 Street Address (P.O. Box Number is Not Acceptable) 4766 CR 118	
83	
84 City Wildwood	85 Zip Code FL 34785

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 *Linda Holden* **Linda Holden, Governor** **04-25-98**
 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 DG	<input checked="" type="checkbox"/> DELETE
NAME WAGGONER, BETTY	
STREET ADDRESS 6533 TODD ROAD	
CITY-ST-ZIP JACKSONVILLE FL 32216	
TITLE DGE	<input type="checkbox"/> DELETE
NAME HOLDEN, LINDA	
STREET ADDRESS 4766 CR 118	
CITY-ST-ZIP WILDWOOD FL 34785	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME EDWARDS, MAY	
STREET ADDRESS 3150 S. FLETCHER #402	
CITY-ST-ZIP FERNANDINA BEACH FL 32034	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME MAGYAR, SANDRA	
STREET ADDRESS 1758 WATERBURY LANE	
CITY-ST-ZIP ORANGE PARK FL 32073	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE Governor	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Linda Holden	
1.3 STREET ADDRESS 4766 CR 118	
1.4 CITY-ST-ZIP Wildwood, FL 34785	
2.1 TITLE Governor-Elect	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Janet Potter	
2.3 STREET ADDRESS 2231 Magnolia Avenue	
2.4 CITY-ST-ZIP South Daytona, FL 32119	
3.1 TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Ann Freeman	
3.3 STREET ADDRESS 2055 17 Street	
3.4 CITY-ST-ZIP Vero Beach, FL 32960	
4.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Gwen Smith	
4.3 STREET ADDRESS 4766 CR 118	
4.4 CITY-ST-ZIP Wildwood, FL 34785	
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	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Linda Holden* **Linda Holden, Governor** **904-277-7311**

CR2E037 (10/97)