

FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 700032

1. Corporation Name
PILOT CLUB OF TALLAHASSEE, INC.

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| Principal Place of Business 4255 ENGLISH LANE TALLAHASSEE FL 32301 | Mailing Address 4255 ENGLISH LANE TALLAHASSEE FL 32301 |
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|---|--|--|---|---|--|
| 2. Principal Place of Business 21 6260 Crawfordville Rd Suite, Apt. #, etc. 22 City & State 23 Tallahassee FL Zip Country 24 32310 25 LEON | 2a. Mailing Address 26 6260 Crawfordville Rd Suite, Apt. #, etc. 27 City & State 28 Tallahassee FL Zip Country 29 32310 30 LEON | 3. Date Incorporated or Qualified 10/07/1959 | 4. FEI Number 59-6009746 Applied For Not Applicable | 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 |
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| 9. Name and Address of Current Registered Agent FREE, OPAL 6260 CRAWFORDVILLE ROAD TALLAHASSEE FL 32310 | 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 |
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|---|--|
| T FURLONG, JANE 308 E PARK AVENUE TALLAHASSEE, FL 00000 | <input type="checkbox"/> DELETE | S Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> | |
| D BURKE, HAZEL 1103 MIMOSA DRIVE TALLAHASSEE FL | <input checked="" type="checkbox"/> DELETE | President Parker, Jane 1702 Verina Court Tallahassee - FL 32303 | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| D EDENFIELD, CHARLOTTE E. RT 2 BOX 560 TALLAHASSEE FL | <input type="checkbox"/> DELETE | T Edenfield, Charlotte 3181 Chaires Cross Rd Tallahassee FL 32311 | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| D FREE, OPAL 6260 CRAWFORDVILLE RD TALLAHASSEE, FL 00000 32310 | <input type="checkbox"/> DELETE | | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| P FURLONG, MARGARET 1416 LEE AVE TALLAHASSEE FL | <input type="checkbox"/> DELETE | VP | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| P SKOGLUND, LINDA RT 17 BOX 1324-A TALLAHASSEE FL | <input type="checkbox"/> DELETE | D Skoglund, Linda 8782 miles Johnson Rd Tallahassee FL 32308 | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |

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 **CHARLOTTE EDENFIELD** 2/17/99 850-894-3000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)