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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90022 014 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 739656					
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		

486851-90022-14



2. Principal Place of Business 21 39127 Pretty Pond Rd Suite, Apt. #, etc. 22 City & State 23 Zephyrhills FL Zip Country 24 33540 25 US		2a. Mailing Address 26 39127 Pretty Pond Rd Suite, Apt. #, etc. 27 City & State 28 Zephyrhills FL Zip Country 29 33540 30 US		3. Date Incorporated or Qualified 07/13/1977 4. FEI Number NOT APPLICABLE Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution	
9. Name and Address of Current Registered Agent HOLDEN, LINDA 4766 CR 118 WILDWOOD FL 34785			10. Name and Address of New Registered Agent 81 Name LYN McGAVERN 82 Street Address (P.O. Box Number is Not Acceptable) 39127 Pretty Pond Road 83 84 City Zephyrhills FL 85 Zip Code 33540		

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 Lyn McGavern Lyn McGavern 4/28/99
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 checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDEN, LINDA	1.2 NAME	
STREET ADDRESS	4766 CR 118	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILDWOOD FL 34785	1.4 CITY-ST-ZIP	
TITLE	DGE <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDEN, LINDA	2.2 NAME	
STREET ADDRESS	4766 CR 118	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILDWOOD FL 34785	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTER, JANET	3.2 NAME	
STREET ADDRESS	2231 MAGNOLIA AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, ANN	4.2 NAME	
STREET ADDRESS	2055 17 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32960	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, GWEN	5.2 NAME	SD Carolyn White
STREET ADDRESS	4766 CR 118	5.3 STREET ADDRESS	1587 Sherres Lane
CITY-ST-ZIP	WILDWOOD FL 34785	5.4 CITY-ST-ZIP	Holly Hill, FL 32117
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Lyn McGavern
STREET ADDRESS		6.3 STREET ADDRESS	39127 Pretty Pond Road
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Zephyrhills FL 33540

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Ann Freeman Ann Freeman 4/28/99 561-567-1372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)