

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90772 002 \*\*\*\*61.25

DOCUMENT # 700032

1. Entity Name

PILOT CLUB OF TALLAHASSEE, INC.

**DO NOT WRITE IN THIS SPACE**

641649

2. Principal Place of Business

1314 JACKSON STREET

3. Mailing Address

1314 JACKSON STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

4. FEI Number

596009746

Applied For

Not Applicable

Zip

32303

Country

USA

Zip

32303

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name BELINDA MIZELL

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

1314 JACKSON STREET

City TALLAHASSEE

FL

Zip Code

32303

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Belinda Mizell*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/02

DATE

FEE IS \$61.25  
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT/DIRECTOR
NAME	BELINDA MIZELL
STREET ADDRESS	1314 JACKSON STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	VICE DIRECTOR
NAME	MARGARET WALLACE
STREET ADDRESS	932 HAWTHORNE STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	DIRECTOR
NAME	LAKE WATSON
STREET ADDRESS	PO BOX 180273
CITY-ST-ZIP	TALLAHASSEE, FL 32318
TITLE	TREASURER/TRUSTEE
NAME	BRIDGET DERVISH
STREET ADDRESS	638 SUMMERBROOKE DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	DIRECTOR
NAME	JANE FURLONG
STREET ADDRESS	2623 NORTH MONROE STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Bridget D. Dervish*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 (850) 410-9805

Date

Daytime Phone #

CR2E037B (12/01)