


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2005 8:00 am
Secretary of State

08-30-2005 90031 050 ****61.25

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|---|-----------------------|---|--|---|--|
| DOCUMENT # N31843 1. Entity Name PILOT CLUB OF ST. LUCIE COUNTY, INC. | | | |  | |
| Principal Place of Business P O BOX 4505 P. O. BOX 4505 FT PIERCE, FL 34948-1505 US | | | Mailing Address P O BOX 4505 P. O. BOX 4505 FT PIERCE, FL 34948-1505 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0069420 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent ADKINS, LORRAINE M 118 YACHT VIEW LANE FORT PIERCE, FL 34946 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| SIGNATURE: <i>Lorraine M. Adkins</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE: <i>8/23-05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$61.25 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | Stefani F. Tye <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | JANET DELUCIA | | NAME | 2609 N. Indian River Drive | |
| STREET ADDRESS | 1701 S.E. LORRAINE ST | | STREET ADDRESS | Fort Pierce, Florida 34946 | |
| CITY-ST-ZIP | PORT ST. LUCIE, FL | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | Mary Dutro <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | LOVERIDGE, LOIS | | NAME | 7400 Penny Lane | |
| STREET ADDRESS | 1740 STONYBROOK DRIVE | | STREET ADDRESS | Fort Pierce, Florida 34951 | |
| CITY-ST-ZIP | FORT PIERCE, FL 34945 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ADKINS, LORRAINE M | | NAME | | |
| STREET ADDRESS | 118 YACHT VIEW LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT PIERCE, FL 34946 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WOODWARD, JOANNE | | NAME | | |
| STREET ADDRESS | 295 KING FISHER AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT PIERCE, FL 34982 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Lorraine M. Adkins</i> LORRAINE M. ADKINS <i>8/23/05</i> 772-464-5515 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |