

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90016 004 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              |                                                                                     |                                                                 |                                                                                                                                      |                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # 700032</b><br>1. Entity Name<br><b>PILOT CLUB OF TALLAHASSEE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                              |                                                                                     |                                                                 |                                                     |                                                                                                                                                                    |
| Principal Place of Business<br><b>2623 N MONROE ST<br/>TALLAHASSEE, FL 32303</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                                                     | Mailing Address<br><b>PO BOX 4104<br/>TALLAHASSEE, FL 32303</b> |                                                                                                                                      |                                                                                                                                                                    |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |                                                                 |                                                                                                                                      |                                                                                                                                                                    |
| City & State<br><br>Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              | City & State<br><br>Zip                                                             |                                                                 | 4. FEI Number<br><b>59-6009746</b><br>Applied For<br><input type="checkbox"/> Not Applicable                                         |                                                                                                                                                                    |
| City & State<br><br>Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              | City & State<br><br>Zip                                                             |                                                                 | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |                                                                                                                                                                    |
| 6. Name and Address of Current Registered Agent<br><br><b>FURLONG, JANE<br/>2623 N MONROE ST<br/>TALLAHASSEE, FL 32303</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                                                                     |                                                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                                                                                                                                    |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                                                     |                                                                 |                                                                                                                                      |                                                                                                                                                                    |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and see if applicable (NOTE: Registered Agent's signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                                                     |                                                                 |                                                                                                                                      |                                                                                                                                                                    |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                 | <b>\$5.00 May Be Added to Fees</b>                                                                                                   |                                                                                                                                                                    |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                                                                     |                                                                 |                                                                                                                                      |                                                                                                                                                                    |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>    |                                                                                                                                      |                                                                                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PD<br>SALFINGER, YVONNE<br>2935 PARRISH DRIVE<br>TALLAHASSEE, FL 32309       | <input type="checkbox"/> Delete                                                     |                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | D<br><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>THOMAS, LUCRETIA<br>307 BRADFORD RD<br>TALLAHASSEE, FL 32303            | <input checked="" type="checkbox"/> Delete                                          |                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | T/D<br>Jane P. Furlong<br>2623 North Monroe Street<br>Tallahassee, FL 32303<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VD<br>JONES, CATHERINE<br>2307 BOURGAGNE DRIVE<br>TALLAHASSEE, FL 32308      | <input checked="" type="checkbox"/> Delete                                          |                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | VP/D<br>Bridget Dervish-Gonzalez<br>828 Summerbrook Drive<br>Tallahassee, FL 32312<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>SALTERS-JENKINS, VALENCIA<br>6180 GREENON LANE<br>TALLAHASSEE, FL 32304 | <input type="checkbox"/> Delete                                                     |                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | 654 M L King Boulevard<br>Midway, FL 32343<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SD<br>MIKKO, CLAIRE<br>1993 VINELAND DRIVE<br>TALLAHASSEE, FL 32317          | <input type="checkbox"/> Delete                                                     |                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | P/D<br><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VPD<br>MIZELL, BELINDA<br>1314 JACKSON STREET<br>TALLAHASSEE, FL 32303       | <input type="checkbox"/> Delete                                                     |                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | P/D<br><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |                                                                              |                                                                                     |                                                                 |                                                                                                                                      |                                                                                                                                                                    |
| <b>SIGNATURE:</b> <u>Claire M. Mikko</u> <span style="float: right;">850-294-1188</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                                                     |                                                                 |                                                                                                                                      |                                                                                                                                                                    |
| Date <u>Jan 28, 2008</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                              |                                                                                     |                                                                 |                                                                                                                                      |                                                                                                                                                                    |
| CLARE M. MIKKO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              |                                                                                     |                                                                 |                                                                                                                                      |                                                                                                                                                                    |

Document #700032

Pilot Club of Tallahassee, Inc.

Box 11. Additions (continued)

D

Carol Wolfe  
4009 Tralee Road  
Tallahassee, FL 32309

P-Elect/D  
Agatha Muse-Salters  
1845 Copper Axe Trail  
Tallahassee, FL 32303

ATTACHMENT 40014516  
#700032