

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701460

Entity Name: PILOT CLUB OF OCALA FLORIDA INC**Current Principal Place of Business:**1950 SW 151 AVE
OCALA, FL 34481**Current Mailing Address:**P O BOX 4323
OCALA, FL 34478 US**FEI Number:** 59-6173298**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PALMIERI, BONNIE
1950 SW 151 AVE
OCALA, FL 34481 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	GRAGG, SUSAN
Address	14694 SW 43RD CT. RD.
City-State-Zip:	OCALA FL 34473

Title	VP
Name	HOLDEN, LINDA
Address	4766 CR 118
City-State-Zip:	WILDWOOD FL 34785

Title	T
Name	PALMIERI, BONNIE
Address	1950 SW 151ST AVE
City-State-Zip:	OCALA FL 34481

Title	S
Name	VANRYZIN, CONNIE
Address	10884 SW 80TH
City-State-Zip:	OCALA FL 34481

Title	D
Name	ANDERSON, LISA
Address	1010 NE 11TH AVE
City-State-Zip:	OCALA FL 34470

Title	D
Name	WILLIAMS, CINDY
Address	4534 SE 11TH PLACE
City-State-Zip:	OCALA FL 34471

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BONNIE PALMIERI**TREASURER****04/30/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date