

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31843

**Entity Name:** PILOT CLUB OF ST. LUCIE COUNTY, INC.

**Current Principal Place of Business:**

1701 S>E. LORRAINE STREET  
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

P O BOX 4505  
FT PIERCE, FL 34948-4505 US

**FEI Number:** 65-0069420

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DELUCIA, JANET  
1701 S.E. LORRAINE STREET  
PORT ST. LUCIE, FL 34952 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 O  
Name DELUCIA, JANET  
Address 1701 S.E. LORRAINE STREET  
City-State-Zip: PORT ST. LUCIE FL 34952

Title O  
Name MOSES, CHARLENE  
Address 201 NE GRANDUER AVENUE  
City-State-Zip: PORT ST. LUCIE FL 34982

Title O  
Name TYE, STEFANI F  
Address 2609 NORTH INDIAN RIVER DRIVE  
City-State-Zip: FORT PIERCE FL 34946

Title O  
Name DILL-COLLIER, CAROLYN  
Address 15305 W MIDWAY RD  
City-State-Zip: FORT PIERCE FL 34945

*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:** CAROLYN DILL-COLLIER

**TREASURER**

**01/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date