

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700032 (6)

1. Corporation Name

PILOT CLUB OF TALLAHASSEE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:08

Principal Place of Business Mailing Address
4255 ENGLISH LANE 4255 ENGLISH LANE
TALLAHASSEE FL 32301 TALLAHASSEE FL 32301

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 10/07/1959 3a. Date of Last Report 04/28/1994
4. FEI Number 59-6009746 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

FREE, OPAL
6260 CRAWFORDVILLE ROAD
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME FURLONG, JANE
STREET ADDRESS 308 E. PARK AVE.
CITY-ST-ZIP TALLAHASSEE, FL 00000
TITLE PE
NAME FLANNERY, KELIE
STREET ADDRESS 7625 TALLEY ANN DR.
CITY-ST-ZIP TALLAHASSEE, FL 00000
TITLE DT
NAME EATON, CHARLOTTE
STREET ADDRESS 180 DAWN LAUREN LANE
CITY-ST-ZIP TALLAHASSEE FL
TITLE DS
NAME MCCARTER, HARRIETTE
STREET ADDRESS 1131 HAWTHORNE ST
CITY-ST-ZIP TALLAHASSEE, FL 00000
TITLE D
NAME FURLONG, MARGARET
STREET ADDRESS 426 JEFFERSON ST.
CITY-ST-ZIP TALLAHASSEE FL
TITLE VP
NAME MITCHELL, ANNE
STREET ADDRESS 341 HUNTER CROSSING
CITY-ST-ZIP TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Change Addition
1.2 NAME Furlong, Jane
1.3 STREET ADDRESS 308 E. Park Avenue
1.4 CITY-ST-ZIP Tallahassee FL 32301
2.1 TITLE P Change Addition
2.2 NAME Flannery, Kelie
2.3 STREET ADDRESS 7625 Talley Ann Dr.
2.4 CITY-ST-ZIP Tallahassee FL 32311
3.1 TITLE DT Change Addition
3.2 NAME Eaton, Charlotte
3.3 STREET ADDRESS Route 2, Box 560
3.4 CITY-ST-ZIP Tallahassee FL 32311
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE PE Change Addition
6.2 NAME Skoglund, Linda
6.3 STREET ADDRESS Route 17, Box 13244
6.4 CITY-ST-ZIP Tallahassee FL 32311

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, and I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charlotte Eaton CHARLOTTE EATON 2/13/93 904-422-2325

ONLY TYPE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature/Name