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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **700032** (6)

1. Corporation Name

PILOT CLUB OF TALLAHASSEE, INC.

Principal Place of Business

Mailing Address

**4255 ENGLISH LANE
TALLAHASSEE FL 32301**

**4255 ENGLISH LANE
TALLAHASSEE FL 32301-7807**



3. Date Incorporated or Qualified **10/07/1959** 3a. Date of Last Report **04/25/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-6009746** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 25 Country 29 Zip 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FREE, OPAL
6260 CRAWFORDVILLE ROAD
TALLAHASSEE FL 32310**

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FURLONG, JANE 308 E PARK AVENUE TALLAHASSEE, FL 00000 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OTHER INFORMATION THE SAME
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ERDMAN, BETTYE 1212 HALIFAX COURT TALLAHASSEE, FL 00000 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HAZEL BURKE 1103 MIMOSA DRIVE. TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EDENFIELD, CHARLOTTE E. RT 2 BOX 560 TALLAHASSEE FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OTHER INFORMATION THE SAME
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHAMBERS, ALICE 4255 ENGLISH LANE TALLAHASSEE, FL 00000 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition THIS PERSON IS STILL A DIRECTOR
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FURLONG, MARGARET 1416 LEE AVE TALLAHASSEE FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	P-ELECT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OTHER INFORMATION THE SAME
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PE SKOGLUND, LINDA RT 17 BOX 1324-A TALLAHASSEE FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OTHER INFORMATION THE SAME

14. I do 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 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jane P. Furlong JANE P. FURLONG, TREASURER 3/23/97 (904) 386-2193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0007284

CR2E037 (9/96)