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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700032

1. Corporation Name

PILOT CLUB OF TALLAHASSEE, INC.

Principal Place of Business

4255 ENGLISH LANE
TALLAHASSEE FL 32301

Mailing Address

4255 ENGLISH LANE
TALLAHASSEE FL 32301



2. Principal Place of Business

21 **6260 Crawfordville Rd**

Suite, Apt. #, etc.

22

City & State

23 **Tallahassee FL**

Zip

24 **32310**

Country

25 **LEON**

2a. Mailing Address

26 **6260 Crawfordville Rd**

Suite, Apt. #, etc.

27

City & State

28 **Tallahassee FL**

Zip

29 **32310**

Country

30 **LEON**

3. Date Incorporated or Qualified

10/07/1959

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

9. Name and Address of Current Registered Agent

FREE, OPAL
6260 CRAWFORDVILLE ROAD
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent

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

T ☐ DELETE

NAME **FURLONG, JANE**
STREET ADDRESS **308 E PARK AVENUE**
CITY-ST-ZIP **TALLAHASSEE, FL 00000**

D ☒ DELETE

NAME **BURKE, HAZEL**
STREET ADDRESS **1103 MIMOSA DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL**

D ☐ DELETE

NAME **EDENFIELD, CHARLOTTE E.**
STREET ADDRESS **RT 2 BOX 560**
CITY-ST-ZIP **TALLAHASSEE FL**

D ☐ DELETE

NAME **FREE, OPAL**
STREET ADDRESS **6260 CRAWFORDVILLE RD**
CITY-ST-ZIP **TALLAHASSEE, FL 00000 32310**

P ☐ DELETE

NAME **FURLONG, MARGARET**
STREET ADDRESS **1416 LEE AVE**
CITY-ST-ZIP **TALLAHASSEE FL**

P ☐ DELETE

NAME **SKOGLUND, LINDA**
STREET ADDRESS **RT 17 BOX 1324-A**
CITY-ST-ZIP **TALLAHASSEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **President** ☐ Change ☒ Addition

2.2 NAME **Parker, Jane**

2.3 STREET ADDRESS **1702 Verina Court**

2.4 CITY-ST-ZIP **Tallahassee-FL-32303**

3.1 TITLE **T** ☒ Change ☐ Addition

3.2 NAME **Edenfield, Charlotte**

3.3 STREET ADDRESS **3181 Chaires Cross Rd**

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 **VP** ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE **D** ☒ Change ☐ Addition

6.2 NAME **Skoglund, Linda**

6.3 STREET ADDRESS **8782 miles Johnson Rd**

6.4 CITY-ST-ZIP **Tallahassee FL 32308**

14. I 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, with all other like empowered.

SIGNATURE:

Charlotte Edenfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/99 850-894-3000

CR2E037 (11/98)