

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra D. Matheson  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**  
  
95 MAY -1 AM 11:36  
  
\*SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 700035 (9)**  
1. Corporation Name  
**THE PILOT CLUB OF CENTRAL BREVARD, INC.**

Principal Place of Business Mailing Address  
P.O. BOX 1225 P.O. BOX 1225  
COCOA FL 32923 COCOA FL 32923

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 10/08/1959 3a. Date of Last Report 04/26/1994  
4. FEI Number 59-6151709 Applied For Not Applicable  
5. Certificate of Status Desired  \$68.75 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. 190.002, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D DRUMMOND, CAROLYN 1332 WILDWOOD WAY ROCKLEDGE FL  
P DREW, MILDRED 1384 GLENEAGLES WAY ROCKLEDGE FL  
D NELSON, LESUE 351 BARRELLO LANE COCOA BEACH FL  
D OLIVE, RUTH 1247 SLEEPY HOLLOW LN ROCKLEDGE FL  
T HILL, DOROTHY E. 2-E CAPE SHRS DR NORTH CAPE CANAVERAL FL  
S GRANGER, BONNIE 2795 S TROPICAL TRL MERRITT ISLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE P  Change  Addition  
1.2 NAME WALDROP, CONNIE  
1.3 STREET ADDRESS 125 S. TROPICAL WAY  
1.4 CITY-ST-ZIP MERRITT ISLAND, FL  
2.1 TITLE D  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE VP  Change  Addition  
3.2 NAME NEATON, BARBARA  
3.3 STREET ADDRESS 6900 N. COCOA BLVD., APT. 6202  
3.4 CITY-ST-ZIP COCOA, FL  
4.1 TITLE S  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE T  Change  Addition  
5.2 NAME STEWART, KATHRYN  
5.3 STREET ADDRESS 930 KOLOA DRIVE  
5.4 CITY-ST-ZIP MERRITT ISLAND, FL  
6.1 TITLE D  Change  Addition  
6.2 NAME ARGO, EVELYN  
6.3 STREET ADDRESS 1675 S. FISKE BLVD., G-127  
6.4 CITY-ST-ZIP ROCKLEDGE, FL

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)(k), 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: Kathryn A. Stewart Kathryn A. Stewart Date: 407-493-1801  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR