

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 700035 (9)

1. Corporation Name
THE PILOT CLUB OF CENTRAL BREVARD, INC.



900001838129
-05/24/96--01026--039

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

3. Date first Registered or Qualified **10/08/1959** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-6151709	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**DREW, MILDRED
1364 GLENEAGLES WAY
ROCKLEDGE FL 32955**

10. Name and Address of New Registered Agent
81 Name ~~Kathryn Stewart~~ **THIS WAS ENTERED IN ERROR.**
82 Street Address (P.O. Box Number is Not Acceptable) ~~930 Koloa Dr.~~ **THERE IS NO CHANGE IN THE REGISTERED AGENT.**
83
84 City ~~Merritt Island~~ **FL** 85 Zip Code ~~32955~~

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDROP, CONNIE	1.2 NAME	Stewart, Kathryn
STREET ADDRESS	125 S. TROPICAL WAY	1.3 STREET ADDRESS	930 Koloa Dr.
CITY-ST-ZIP	MERRITT ISLAND FL	1.4 CITY-ST-ZIP	Merritt Island, FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREW, MILDRED	2.2 NAME	VP Olive, Ruth
STREET ADDRESS	1364 GLENEAGLES WAY	2.3 STREET ADDRESS	1247 Sleepy Hollow Ln
CITY-ST-ZIP	ROCKLEDGE FL	2.4 CITY-ST-ZIP	Rockledge, FL
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEATON, BARBARA	3.2 NAME	D Argo, Evelyn
STREET ADDRESS	6900 N. COCOA BLVD. #6202	3.3 STREET ADDRESS	1675 S. Fiske Blvd G127
CITY-ST-ZIP	COCOA FL	3.4 CITY-ST-ZIP	Rockledge, FL
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVE, RUTH	4.2 NAME	S Brewer, Ruth
STREET ADDRESS	1247 SLEEPY HOLLOW LN	4.3 STREET ADDRESS	1024 Genevieve Ave.
CITY-ST-ZIP	ROCKLEDGE FL	4.4 CITY-ST-ZIP	Rockledge, FL
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, KATHRYN	5.2 NAME	T Waldrop, Connie
STREET ADDRESS	930 KOLOA DR	5.3 STREET ADDRESS	125 S. Tropical Way
CITY-ST-ZIP	MERRITT ISLAND FL	5.4 CITY-ST-ZIP	Merritt Island FL
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARGO, EVELYN	6.2 NAME	D Clark, Linda
STREET ADDRESS	1675 S. FISKE BLVD #G127	6.3 STREET ADDRESS	27 Indian St.
CITY-ST-ZIP	ROCKLEDGE FL	6.4 CITY-ST-ZIP	Merritt Island, 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 119.07(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: Connie Waldrop 4-4-96 Date 407-031-8610 Daytime Phone #

CR2E037 (12/95)