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Feb 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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.

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



3. Date Incorporated or Qualified: 10/08/1959  
3a. Date of Last Report: 05/23/1996  
4. FEI Number: 59-6151709  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
2a. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

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

12. OFFICERS AND DIRECTORS  
TITLE P  
NAME STEWART, KATHRYN  
STREET ADDRESS 930 KOLOA DR  
CITY-ST-ZIP MERRITT ISLAND FL  
TITLE VP  
NAME OLIVE, RUTH  
STREET ADDRESS 1247 SLEEPY HOLLOW LN  
CITY-ST-ZIP ROCKLEDGE FL  
TITLE D  
NAME ARGO, EVELYN  
STREET ADDRESS 1675 S. FISKE BLVD G127  
CITY-ST-ZIP ROCKLEDGE FL  
TITLE S  
NAME BREWER, RUTH  
STREET ADDRESS 1024 GENEVIEVE AVE  
CITY-ST-ZIP ROCKLEDGE FL  
TITLE T  
NAME WALDROP, CONNIE  
STREET ADDRESS 125 S TROPICAL WAY  
CITY-ST-ZIP MERRITT ISLAND FL  
TITLE D  
NAME CLARK, LINDA  
STREET ADDRESS 27 INDIAN ST  
CITY-ST-ZIP MERRITT ISLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 632 OAKWOOD PLACE  
2.4 CITY-ST-ZIP TITUSVILLE, FL 32780  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE T  
5.2 NAME DOROTHY E. HILL  
5.3 STREET ADDRESS 2-E CAPE SHORES DRIVE NORTH  
5.4 CITY-ST-ZIP CAPE CANAVERAL, FL 32920-3818  
6.1 TITLE D  
6.2 NAME ISABEL ESCAPA  
6.3 STREET ADDRESS 295 WAINAI DRIVE  
6.4 CITY-ST-ZIP MERRITT ISLAND, FL 32953

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: \_\_\_\_\_ DATE: 1/27/97  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DOROTHY E. HILL  
Daytime Phone #: 407/784-0628  
0019053

CR2E037 (9/96)