

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
--	--

3. Date Incorporated or Qualified
10/08/1959

4. FEI Number
59-6151709

Applied For	
Not Applicable	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	STEWART, KATHRYN
STREET ADDRESS	930 KOLOA DR
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	OLIVE, RUTH
STREET ADDRESS	632 OAKWOOD PLACE
CITY-ST-ZIP	TITUSVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ARGO, EVELYN
STREET ADDRESS	1675 S. FISKE BLVD G127
CITY-ST-ZIP	ROCKLEDGE FL
TITLE	S <input type="checkbox"/> DELETE
NAME	BREWER, RUTH
STREET ADDRESS	1024 GENEVIEVE AVE
CITY-ST-ZIP	ROCKLEDGE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	HILL, DOROTHY E
STREET ADDRESS	2-E CAPE SHORES DRIVE NORTH
CITY-ST-ZIP	CAPE CANAVERAL FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ESCAPA, ISABEL
STREET ADDRESS	295 WAINAI DRIVE
CITY-ST-ZIP	MERRITT ISLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	OLIVE, RUTH
1.3 STREET ADDRESS	632 OAKWOOD PLACE
1.4 CITY-ST-ZIP	TITUSVILLE, FL 32780
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CARMELA MURICO
2.3 STREET ADDRESS	1245 LAKEVIEW
2.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	302 MERIDIAN RUN
3.4 CITY-ST-ZIP	COCOA, FL 32926
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: _____

CR2E037 (10/97)