

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **700037** (5)

1. Corporation Name

PILOT CLUB OF MARIANNA INC

Principal Place of Business

Mailing Address

P O BOX 262
MARIANNA FL 32447
US

P O BOX 262
MARIANNA FL 32447
US



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

29 Zip

30 Country

3. Date Incorporated or Qualified

10/08/1959

3a. Date of Last Report

03/29/1995

4. FEI Number

59-6173296

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREEN, MAMIE
2914 EVERGREEN LANE
MARIANNA FL 32446**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

600001893986

83

-07/16/96--01023--029

84 City

*****61.25**

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

TITLE ☒ DELETE
NAME **P TANN, LEANNE**
STREET ADDRESS **4948 FLYNT DRIVE**
CITY-ST-ZIP **MARIANNA FL**

TITLE ☒ DELETE
NAME **D SILLS, GAIL**
STREET ADDRESS **5114 PRESIDENT'S CIRCLE**
CITY-ST-ZIP **MARIANNA FL**

TITLE ☒ DELETE
NAME **S DEAN, KAREN**
STREET ADDRESS **3772 HIGHWAY 71**
CITY-ST-ZIP **MARIANNA FL**

TITLE ☒ DELETE
NAME **T TANNER, GERRY**
STREET ADDRESS **3425 HIGHWAY 73**
CITY-ST-ZIP **MARIANNA FL**

TITLE ☐ DELETE
NAME **D GREEN, MAMIE**
STREET ADDRESS **2914 EVERGREEN LANE**
CITY-ST-ZIP **MARIANNA FL**

TITLE ☒ DELETE
NAME **D HILTON, RENE**
STREET ADDRESS **2355 MARTIN ROAD**
CITY-ST-ZIP **MARIANNA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition
1.2 NAME **P LINDA PFORTE**
1.3 STREET ADDRESS **P O BOX 536**
1.4 CITY-ST-ZIP **MARIANNA, FL 32447** **N/A**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **V RENE HILTON**
2.3 STREET ADDRESS **2355 MARTIN RD**
2.4 CITY-ST-ZIP **MARIANNA, FL 32448**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **S JUDY CARPENTER**
3.3 STREET ADDRESS **4362 LAFAYETTE ST**
3.4 CITY-ST-ZIP **MARIANNA FL 32446**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **T ALBERTS, SUSAN**
4.3 STREET ADDRESS **5131 LAKE BLUFF CR**
4.4 CITY-ST-ZIP **MARIANNA, FL 32446**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **D GREEN, MAMIE**
5.3 STREET ADDRESS **2914 EVERGREEN LANE**
5.4 CITY-ST-ZIP **MARIANNA, FL 32446**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D LARHONDA GLENN**
6.3 STREET ADDRESS **2937 NOLAND ST**
6.4 CITY-ST-ZIP **MARIANNA, FL 32446** **5/1/92**

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:

Susan R. Alberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96

Date

Daytime Phone #

CR2E037 (12/95)