


FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 32447-0262 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/08/1959	
Suite, Apt #, etc.		Suite, Apt #, etc.		3a. Date of Last Report	
22		27		05/01/1996	
City & State		City & State		4. FEI Number	
23		28		59-6173296	
Zip		Country		Applied For	
24		25		Not Applicable	
29		30		5. Certificate of Status Desired	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		<input type="checkbox"/> \$8.75 Additional Fee Required	
GREEN, MAMIE 2914 EVERGREEN LANE MARIANNA FL 32446		81 Name		<input type="checkbox"/> \$5.00 May Be Added to Fees	
		82 Street Address (P.O. Box Number is Not Acceptable)		<input type="checkbox"/> Trust Fund Contribution	
		83		<input type="checkbox"/> This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
		84 City		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
85 Zip Code		FL			
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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFORTE, LINDA		1.2 NAME	Hilton, Renea	
STREET ADDRESS	PO BOX 536 (N/A)*		1.3 STREET ADDRESS	2355 Martin Rd	
CITY - ST - ZIP	MARIANNA FL 32447		1.4 CITY - ST - ZIP	Marianna, FL 32448	
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HHILTON, RENEA		2.2 NAME	Debi Gibson	
STREET ADDRESS	2355 MARTIN RD.		2.3 STREET ADDRESS	4652 River Drive	
CITY - ST - ZIP	MARIANNA FL 32448		2.4 CITY - ST - ZIP	Marianna, Fl 32446	
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, JUDY		3.2 NAME		
STREET ADDRESS	4362 LAFAYETTE ST.		3.3 STREET ADDRESS		
CITY - ST - ZIP	MARIANNA FL 32446		3.4 CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTS, SUSAN		4.2 NAME		
STREET ADDRESS	5131 LAKE BLUFF CR.		4.3 STREET ADDRESS		
CITY - ST - ZIP	MARIANNA FL 32446		4.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, MAMIE		5.2 NAME		
STREET ADDRESS	2914 EVERGREEN LANE		5.3 STREET ADDRESS		
CITY - ST - ZIP	MARIANNA FL 32448		5.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARHONDA, GLENN		6.2 NAME		
STREET ADDRESS	2837 NOLAND ST.		6.3 STREET ADDRESS		
CITY - ST - ZIP	MARIANNA FL 32446		6.4 CITY - ST - ZIP		
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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E037 (9/96)

Date

Daytime Phone 6010192