

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified

10/08/1959

4. FEI Number

59-6173296

Applied For

Not Applicable

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

28 Zip

30 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

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)

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

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
NAME HILTON, RENE A
STREET ADDRESS 2355 MARTIN RD
CITY-ST-ZIP MARIANNA FL

☒ DELETE

1.1 TITLE P
1.2 NAME Debi Gibson
1.3 STREET ADDRESS 4652 River Drive
1.4 CITY-ST-ZIP Marianna, FL 32446

☐ Change ☒ Addition

TITLE V
NAME GIVSON, DEBI
STREET ADDRESS 4652 RIVER DR
CITY-ST-ZIP MARIANNA FL

☒ DELETE

2.1 TITLE V
2.2 NAME Rita Rodgers
2.3 STREET ADDRESS Rt 1 Box 138-D
2.4 CITY-ST-ZIP Blountstown, FL 32424

☐ Change ☒ Addition

TITLE S
NAME CARPENTER, JUDY
STREET ADDRESS 4362 LAFAYETTE ST.
CITY-ST-ZIP MARIANNA FL 32446

☒ DELETE

3.1 TITLE S
3.2 NAME Elizabeth Simpson
3.3 STREET ADDRESS P.O. Box 761
3.4 CITY-ST-ZIP Marianna, FL 32447

☐ Change ☒ Addition

TITLE T
NAME ALBERTS, SUSAN
STREET ADDRESS 5131 LAKE BLUFF CR.
CITY-ST-ZIP MARIANNA FL 32446

☒ DELETE

4.1 TITLE T
4.2 NAME Gail H. Sills
4.3 STREET ADDRESS 5114 Presidents Circle
4.4 CITY-ST-ZIP Marianna, FL 32446

☐ Change ☒ Addition

TITLE D
NAME GREEN, MAMIE
STREET ADDRESS 2914 EVERGREEN LANE
CITY-ST-ZIP MARIANNA FL 32446

☒ DELETE

5.1 TITLE D
5.2 NAME Judy Carpenter
5.3 STREET ADDRESS 4362 Lafayette St.
5.4 CITY-ST-ZIP Marianna, FL 32446

☐ Change ☒ Addition

TITLE D
NAME LARHONDA, GLENN
STREET ADDRESS 2937 NOLAND ST.
CITY-ST-ZIP MARIANNA FL 32446

☒ DELETE

6.1 TITLE D
6.2 NAME Joan Stadsklev
6.3 STREET ADDRESS 2187 Stadsklev Road
6.4 CITY-ST-ZIP Marianna, FL 32448

☐ Change ☒ Addition

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:

Debi Gibson

4/27/98 (ssn) 526-2202

CR2E037 (1097)