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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700037

1. Corporation Name
PILOT CLUB OF MARIANNA INC

Principal Place of Business P O BOX 262 MARIANNA FL 32447 US	Mailing Address P O BOX 262 MARIANNA FL 32447 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/08/1959
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6173296
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GREEN, MAMIE
2914 EVERGREEN LANE
MARIANNA FL 32446

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	V	<input type="checkbox"/> DELETE
NAME	RODGERS, RITA	
STREET ADDRESS	RT. 1 BOX 138-D	
CITY-ST-ZIP	BLOUNSTOWN FL 32424	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GIVSON, DEBI	
STREET ADDRESS	4652 RIVER DR	
CITY-ST-ZIP	MARIANNA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SIMPSON, ELIZABETH	
STREET ADDRESS	P.O. BOX 761 N/A	
CITY-ST-ZIP	MARIANNA FL 32447	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SILLS, GAIL H	
STREET ADDRESS	5114 PRESIDENTS CIRCLE	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARPENTER, JUDY	
STREET ADDRESS	4362 LAFAYETTE ST.	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STADSKLEV, JOAN	
STREET ADDRESS	2187 STADSKLEV RD.	
CITY-ST-ZIP	MARIANNA FL 32448	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gail Wesson	
2.3 STREET ADDRESS	5960 Nubbin Ridge Rd.	
2.4 CITY-ST-ZIP	Greenwood, FL 32443	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE: Gail Wesson SIGNATURE REQUIRED H. Silks 4/12/99 (850) 526-2200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)