
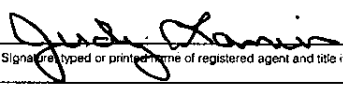



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90061 033 ****61.25

DOCUMENT # 700037 1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HUIZER, RUTH 3095 4TH ST. MARIANNA, FL 32446				Name Judy Lanier Street Address (P.O. Box Number is Not Acceptable) Post Office Box 127 City Marianna FL 32447	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TANNER, GERAY 3425 HWY 73 LYNN HAVEN, FL 32444	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Pat Furr 5310 Blue Springs Road Marianna, Florida 32446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIBSON, DEBI 4052 RIVER DR. MARIANNA, FL 32446	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Heather Schultz 2978 Green Street Apt. B Marianna, Florida 32446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUIZER, RUTH 3095 4TH ST. MARIANNA, FL 32446	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Sara Applewhite 4267 Lafayette Street Marianna, Florida 32446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIBSON, DEBRA G 4652 RIVER DR. MARIANNA, FL 32446	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Judy Lanier Post Office Box 127 Marianna, Florida 32447	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILTON, RENE A 2355 MARTIN RD. MARIANNA, FL 32448	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gerry Tanner 3425 Highway 73 Marianna, Florida 32446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLINS, MARGIE 3157 HIGHWAY 71 MARIANNA, FL 32446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					

34013668



02042004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-6173296

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUIZER, RUTH
3095 4TH ST.
MARIANNA, FL 32446

Name Judy Lanier

Street Address (P.O. Box Number is Not Acceptable)
Post Office Box 127

City Marianna

FL

Zip Code 32447

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
TANNER, GERAY
3425 HWY 73
LYNN HAVEN, FL 32444

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
GIBSON, DEBI
4052 RIVER DR.
MARIANNA, FL 32446

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
HUIZER, RUTH
3095 4TH ST.
MARIANNA, FL 32446

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
GIBSON, DEBRA G
4652 RIVER DR.
MARIANNA, FL 32446

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
HILTON, RENE A
2355 MARTIN RD.
MARIANNA, FL 32448

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MILLINS, MARGIE
3157 HIGHWAY 71
MARIANNA, FL 32446

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
Pat Furr
5310 Blue Springs Road
Marianna, Florida 32446

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
Heather Schultz
2978 Green Street Apt. B
Marianna, Florida 32446

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
Sara Applewhite
4267 Lafayette Street
Marianna, Florida 32446

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
Judy Lanier
Post Office Box 127
Marianna, Florida 32447

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Gerry Tanner
3425 Highway 73
Marianna, Florida 32446

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #