

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

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**



01032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**FURR, PAT
5310 BLUE SPRINGS ROAD
MARIANNA, FL 32446**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000589349
01/18/07-80013-007 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DAY, DOROTHY
4308 FIFTH AVENUE
MARIANNA, FL 32446**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TANNER, GERRY
3425 HIGHWAY 73
MARIANNA, FL 32446**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LANIER, JUDY K
4250 KELSON AVENUE
MARIANNA, FL 32446**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLINS, MARGIE
3157 HIGHWAY 71
MARIANNA, FL 32446**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1-16-07 850-209-8071
Date Daytime Phone #