


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90027 009 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-6173296	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent FURR, PAT 5310 BLUE SPRINGS ROAD MARIANNA, FL 32446					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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, 2008		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 DAY, DOROTHY 4308 FIFTH AVENUE MARIANNA, FL 32446		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANNER, GERRY 3425 HIGHWAY 73 MARIANNA, FL 32446		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kristi Lane PO Box 83 Marianna FL 32447	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANIER, JUDY K 4250 KELSON AVENUE MARIANNA, FL 32446		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE Lanier, Judy K 4250 Kelson Ave 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	VP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: <i>Kristi Lane</i>			Date 3-28-08 Daytime Phone # 850 573 6563		