

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700037

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: PILOT CLUB OF MARIANNA INC

## Current Principal Place of Business:

P O BOX 262  
MARIANNA, FL 32447 US

## New Principal Place of Business:

4250 KELSON AVENUE  
MARIANNA, FL 32446 US

## Current Mailing Address:

P O BOX 262  
MARIANNA, FL 32447 US

## New Mailing Address:

FEI Number: 59-6173296      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DAY, DOROTHY  
Address: 4308 FIFTH AVENUE  
City-St-Zip: MARIANNA, FL 32446

Title: T ( ) Delete  
Name: LANE, KRISTI  
Address: POST OFFICE BOX 83  
City-St-Zip: MARIANNA, FL 32447

Title: PE ( ) Delete  
Name: LANIER, JUDY K  
Address: 4250 KELSON AVE  
City-St-Zip: MARIANNA, FL 32446

Title: VP (X) Delete  
Name: MILLINS, MARGIE  
Address: 3157 HIGHWAY 71  
City-St-Zip: MARIANNA, FL 32446

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MULLINS, MARGARET  
Address: 3151 HIGHWAY 71  
City-St-Zip: MARIANNA, FL 32446

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTI LANE

T

01/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date