2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700154

FILED Mar 20, 2008 Secretary of State

Entity Name: PILOT CLUB OF FORT PEIRCE, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

P O BOX 2025 6506 DONLON RD

FT. PIERCE, FL 34954 US FT. PIERCE, FL 34951 US

Current Mailing Address: New Mailing Address:

P O BOX 2025

FT. PIERCE, FL 34954 US

FEI Number: 59-6163660 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SIGMON, TENA 2713 PLÁCID AVE

FORT PIERCE, FL 34982 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition KECK, BARBARA FREEMAN, ANN Name: Name: 6036 INDRID RD SUITE R2 Address: **2055 17TH STREET** Address:

City-St-Zip: FORT PIERCE, FL 34951 City-St-Zip: VERO BEACH, FL 32960

Title: Title: () Delete (X) Change () Addition

FREEMAN, ANN Name: WOOD, IRENE Name:

Address: 2055 17TH STREET Address: 1458 LAWNWOOD CIRCLE #29C City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: FT. PIERCE, FL 34950

Title: () Delete Title: (X) Change () Addition

LOWE, ADELE SMITH, JANIS Name: Name: 238 BIMINI DR 6506 DONLON RD Address: Address: City-St-Zip: FORT PIERCE, FL 349491530 City-St-Zip: FORT PIERCE, FL 34951

() Delete (X) Change () Addition Title: Title:

KECK, BARBARA Name: SMITH, JANIS Name: 6506 DONLON 6036 INDRIO RD R-2 Address: Address: FORT PIERCE, FL 34951 City-St-Zip: City-St-Zip: FORT PIERCE, FL 34951

Title: () Delete Title: (X) Change () Addition MILLER, DOTTIE MILLER, DOTTIE Name: Name:

5502 ECHO PINES CIR WEST 5502 ECHO PINES CIR WEST Address: Address:

City-St-Zip: FORT PIERCE, FL 34951 City-St-Zip: FORT PIERCE, FL 34951

Title: () Delete Title: () Change (X) Addition DODDS, JOAN Name: Name:

Address: Address: 119 QUEEN FREDERIKA COURT FT. PIERCE, FL 34949 City-St-Zip: 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: JANIS SMITH Т 03/20/2008