

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700154

FILED
Apr 08, 2009
Secretary of State

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

Current Principal Place of Business:

6506 DONLON RD
FT. PIERCE, FL 34951 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 2025
FT. PIERCE, FL 34954 US

New Mailing Address:

FEI Number: 59-6163660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIGMON, TENA
2713 PLACID AVE
FORT PIERCE, FL 34982 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: FREEMAN, ANN
Address: 2055 17TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: V () Delete
Name: WOOD, IRENE
Address: 1458 LAWNWOOD CIRCLE #29C
City-St-Zip: FT. PIERCE, FL 34950

Title: T () Delete
Name: SMITH, JANIS
Address: 6506 DONLON RD
City-St-Zip: FORT PIERCE, FL 34951

Title: S () Delete
Name: KECK, BARBARA
Address: 6036 INDRIO RD R-2
City-St-Zip: FORT PIERCE, FL 34951

Title: D () Delete
Name: MILLER, DOTTIE
Address: 5502 ECHO PINES CIR WEST
City-St-Zip: FORT PIERCE, FL 34951

Title: D () Delete
Name: DODDS, JOAN
Address: 119 QUEEN FREDERIKA COURT
City-St-Zip: FT. PIERCE, FL 34949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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: JANIS A SMITH

T

04/08/2009

Electronic Signature of Signing Officer or Director

Date