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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morfham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700157 (1)

1. Corporation Name
PILOT CLUB OF FT MYERS FLA INC

Principal Place of Business C/O DIANE JENSEN 1833 HENDRY STREET FT. MYERS FL 33901	Mailing Address C/O DIANE JENSEN 1833 HENDRY STREET FT. MYERS FL 33901
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/17/1959	3a. Date of Last Report 03/18/1994
4. FEI Number 59-6151500	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JENSEN, DIANE
% PAVESE, GARNER, ET AL
1833 HENDRY ST.
FT MYERS FL 33901**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHANNER, NANCY
STREET ADDRESS	221 CHALMER DR
CITY - ST - ZIP	NO FT MYERS FL
TITLE	V
NAME	WOODS, SHARON
STREET ADDRESS	1466-2 PARKSHORE CIR
CITY - ST - ZIP	FT MYERS FL
TITLE	S
NAME	HESSLER, LINDA
STREET ADDRESS	1245 SHADOW LN
CITY - ST - ZIP	FT MYERS FL
TITLE	D
NAME	BERRY, KATHY
STREET ADDRESS	5055 GREENBRIAR DR
CITY - ST - ZIP	FT MYERS FL
TITLE	D
NAME	VENDRICK, JUDITH
STREET ADDRESS	4828 GOLF CLUB CT #4
CITY - ST - ZIP	NORTH FT. MYERS FL
TITLE	D
NAME	SCHMOYER, MICHELE
STREET ADDRESS	PO BOX 2714 NA
CITY - ST - ZIP	FT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Woods, Sharon	
1.3 STREET ADDRESS	1466-2 Parkshore Circle	
1.4 CITY - ST - ZIP	Fort Myers, Florida 33901	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gruber, Marjorie	
2.3 STREET ADDRESS	1516 Sautern Drive	
2.4 CITY - ST - ZIP	Fort Myers, Florida 33919	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Conway, Carol	
3.3 STREET ADDRESS	5471 Harborage Drive	
3.4 CITY - ST - ZIP	Fort Myers, Florida 33904	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Channer, Nancy	
4.3 STREET ADDRESS	221 Chalmer Drive	
4.4 CITY - ST - ZIP	N. Ft. Myers, Florida 33902	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Berry, Kathy	
5.3 STREET ADDRESS	5055 Greenbriar Dr.	
5.4 CITY - ST - ZIP	Fort Myers, Florida 33919	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Hudson, Eva	
6.3 STREET ADDRESS	11405 Summerwinds Ct.	
6.4 CITY - ST - ZIP	Fort Myers, Florida 33907	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked or on an attachment with an address.

SIGNATURE: *Sharon Woods*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95 813-432-9477
Date Day/Time Phone #