

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**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**

3. Date Incorporated or Qualified: **11/17/1959**  
3a. Date of Last Report: **04/20/1995**  
4. FEI Number: **59-6151500**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24  
Country: 25  
City & State: 27  
City & State: 28  
Zip: 29  
Country: 30

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: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOODS, SHARON</b>	1.2 NAME	<b>Marjorie M. Gruber</b>
STREET ADDRESS	<b>1466-2 PARKSHORE CIR.</b>	1.3 STREET ADDRESS	<b>1516 Sautern Dr SW</b>
CITY-ST-ZIP	<b>FORT MYERS FL</b>	1.4 CITY-ST-ZIP	<b>Fort Myers, FL 33919</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Pres Elec</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRUBER, MARJORIE</b>	2.2 NAME	<b>Linda Hessler</b>
STREET ADDRESS	<b>1516 SAUTERN DRIE</b>	2.3 STREET ADDRESS	<b>1245 Shadow Lane</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>	2.4 CITY-ST-ZIP	<b>Fort Myers, FL 33901</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONWAY, CAROL</b>	3.2 NAME	<b>LaVerne Weddle</b>
STREET ADDRESS	<b>5471 HARBORAGE DRIVE</b>	3.3 STREET ADDRESS	<b>1936 Coronado Rd , Fort Myers, FL 33901</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHANNER, NANCY</b>	4.2 NAME	<b>Jan Burnett</b>
STREET ADDRESS	<b>221 CHALMER DRIVE</b>	4.3 STREET ADDRESS	<b>2707 S.W. 35th Lane</b>
CITY-ST-ZIP	<b>N. FT. MYERS FL</b>	4.4 CITY-ST-ZIP	<b>Cape Coral, FL 33914</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERRY, KATHY</b>	5.2 NAME	<b>Barbara H. Kite</b>
STREET ADDRESS	<b>5055 GREENBRIAR DRIVE</b>	5.3 STREET ADDRESS	<b>1900 Virginia Ave #803C</b>
CITY-ST-ZIP	<b>FORT MYERS FL</b>	5.4 CITY-ST-ZIP	<b>Fort Myers, FL 33901</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUDSON, EVA</b>	6.2 NAME	
STREET ADDRESS	<b>11405 SUMMERWINDS COURT</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS FL</b>	6.4 CITY-ST-ZIP	

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marjorie M. Gruber* February 6, 1995 941-489-2656  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

**PILOT CLUB OF FORT MYERS, INC.  
FEI 59-615500**

**ADDITIONAL OFFICERS AND DIRECTORS:**

**VICE PRESIDENT:**

**Merry McWilliams  
13405 Broadhurst Loop S.W.  
Fort Myers, FL 33919**

**CORRESPONDING SECRETARY:**

**Rosemary Haney  
1593 Tredegar Dr.  
Fort Myers, FL 33919**

**DIRECTOR:**

**Sharon Woods  
1466-2 Park Shore Circle  
Fort Myers, FL 33901**