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Feb 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
C/O DIANE JENSEN 1833 HENDRY STREET FT. MYERS FL 33901  
C/O DIANE JENSEN 1833 HENDRY STREET FT. MYERS FL 33901-3054

3. Date Incorporated or Qualified 11/17/1959  
3a. Date of Last Report 02/26/1996  
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 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 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 FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE  DELETE  
NAME P GRUBER, MARJORIE M.  
STREET ADDRESS 1516 SAUTERND RIVE SW  
CITY-ST-ZIP FORT MYERS FL  
TITLE  DELETE  
NAME PE HESSLER, LINDA  
STREET ADDRESS 1245 SADOW LANE  
CITY-ST-ZIP FORT MYERS FL  
TITLE  DELETE  
NAME S WEDDLE, LAVERNE  
STREET ADDRESS 1936 CORONADO ROAD  
CITY-ST-ZIP FORT MYERS FL  
TITLE  DELETE  
NAME T BURNETT, JAN  
STREET ADDRESS 2707 SW 35TH LANE  
CITY-ST-ZIP CAPE CORAL FL  
TITLE  DELETE  
NAME D KITE, BARBARA H.  
STREET ADDRESS 1900 VIRGINIA AVENUE #803C  
CITY-ST-ZIP FORT MYERS FL  
TITLE  DELETE  
NAME D HUDSON, EVA  
STREET ADDRESS 11405 SUMMERWINDS COURT  
CITY-ST-ZIP FT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME T Boros, Deborah J.  
4.3 STREET ADDRESS 1466 Paloma Drive  
4.4 CITY-ST-ZIP Fort Myers, FL 33901  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME D Limegrover, Pat  
6.3 STREET ADDRESS 2666 McGregor Boulevard  
6.4 CITY-ST-ZIP Fort Myers, FL 33901

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 2/18/97 941-334-2020

CR2E037 (9/96)