

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

**FILED**

**Mar 19 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 700157 (1)**  
1. Corporation Name  
**PILOT CLUB OF FT MYERS FLA INC**



Principal Place of Business <b>C/O DIANE JENSEN 1833 HENDRY STREET FT. MYERS FL 33901</b>	Mailing Address <b>C/O DIANE JENSEN 1833 HENDRY STREET FT. MYERS FL 33901</b>
--	--

3. Date Incorporated or Qualified <b>11/17/1959</b>	
4. FEI Number <b>59-6151500</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	29
25	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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <b>GRUBER, MARJORIE M. 1516 SAUTERND RIVE SW FORT MYERS FL</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>President</b>
NAME			1.2 NAME <b>Carol Conway</b>
STREET ADDRESS			1.3 STREET ADDRESS <b>5471 Harborcreek Dr.</b>
CITY-ST-ZIP			1.4 CITY-ST-ZIP <b>Ft Myers, FL</b>
TITLE	PE <b>HESSLER, LINDA 1245 SADOW LANE FORT MYERS FL</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>President Elect</b>
NAME			2.2 NAME <b>Phyllis Grissel</b>
STREET ADDRESS			2.3 STREET ADDRESS <b>37 Crescent Lake Dr.</b>
CITY-ST-ZIP			2.4 CITY-ST-ZIP <b>N. Ft Myers, FL</b>
TITLE	S <b>WEDDLE, LAVERNE 1836 CORONADO ROAD FORT MYERS FL</b>	<input type="checkbox"/> DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE	T <b>BOROS, DEBORAH J. 1466 PALOMA DRIVE FORT MYERS FL</b>	<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE	D <b>KITE, BARBARA H. 1900 VIRGINIA AVENUE #803C FORT MYERS FL</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>Director</b>
NAME			5.2 NAME <b>Laura Dora Zio</b>
STREET ADDRESS			5.3 STREET ADDRESS <b>13364 Woodland Chase Place</b>
CITY-ST-ZIP			5.4 CITY-ST-ZIP <b>Ft Myers, FL</b>
TITLE	D <b>UMEGROVER, PAT 2888 MCGREGOR BLVD. FORT MYERS FL</b>	<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: *Deborah J. Boros* **Deborah J. Boros, Treasurer 3/11/98 9423342020**

CFR2037 (10/97)