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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700157
 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	3. Date Incorporated or Qualified 11/17/1959
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6151500
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	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
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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 DIANE JENSEN DATE 2/8/99
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 P NAME CONWAY, CAROL STREET ADDRESS 5471 HARBORAGE DR CITY-ST-ZIP FORT MYERS FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P 1.2 NAME GRISI, PHYLLIS 1.3 STREET ADDRESS 37 CRESCENT LAKE DR 1.4 CITY-ST-ZIP N FT MYERS FL 33917	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PE NAME GRISI, PHYLLIS STREET ADDRESS 37 CRESCENT LAKE DR CITY-ST-ZIP N FT MYERS FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE PE 2.2 NAME ROSIE HANEY 2.3 STREET ADDRESS 1593 TREDEGAR DR 2.4 CITY-ST-ZIP FORT MYERS FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME WEDDLE, LAVERNE STREET ADDRESS 1936 CORONADO ROAD CITY-ST-ZIP FORT MYERS FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S 3.2 NAME DONNA GAYLOR 3.3 STREET ADDRESS 3943 ROOSEVELT AVE 3.4 CITY-ST-ZIP FORT MYERS FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME BOROS, DEBORAH J. STREET ADDRESS 1466 PALOMA DRIVE CITY-ST-ZIP FORT MYERS FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE T 4.2 NAME JUDITH VENDEICK 4.3 STREET ADDRESS 4717 SW 24 AVE 4.4 CITY-ST-ZIP CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME DORAZIO, LAURA STREET ADDRESS 13364 HIGHLAND CHASE PLACE CITY-ST-ZIP FORT MYERS FL	<input type="checkbox"/> DELETE	5.1 TITLE D 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LIMEGROVER, PAT STREET ADDRESS 2666 MCGREGOR BLVD. CITY-ST-ZIP FORT MYERS FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D 6.2 NAME CAROL CONWAY 6.3 STREET ADDRESS 5471 HARBORAGE DR 6.4 CITY-ST-ZIP FORT MYERS FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: Judith Wendick DATE 2/8/99 DAYTIME PHONE # 941-945-0052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)