

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90529 039 ****61.25

DOCUMENT # 700157
 1. Entity 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**

50045979



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04262005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-6151500

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CONWAY, CAROL	
STREET ADDRESS	15840 S PEBBLE LN	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	PE	<input type="checkbox"/> Delete
NAME	LIMEGROVER, PAT	
STREET ADDRESS	16915 TIMBERLAKES DR	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDGINGTON, MARY ANN	
STREET ADDRESS	3814 SE 12TH PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HUSSEY, ALISON	
STREET ADDRESS	5613 AMOROSO DR	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JENSEN, DIANE	
STREET ADDRESS	1043 AVERLEY ST	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAWKINS, CINDY	
STREET ADDRESS	14190 REFLECTION LAKES DR	
CITY-ST-ZIP	FORT MYERS, FL 33907	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diane Hunt	
STREET ADDRESS	22690 Island Lakes Dr	
CITY-ST-ZIP	Estero, FL 33928	
TITLE	PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gwen Hutto	
STREET ADDRESS	506 Wyoming Rd	
CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE: *Cynthia M. Hawkins* **Cynthia M. Hawkins** **Treasurer** **4/28/05** **239-334-9191**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #