2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700157

FILED Mar 21, 2009 Secretary of State

Entity Name: PILOT CLUB OF FT MYERS FLA INC

Current Principal Place of Business: New Principal Place of Business:

C/O DIANE JENSEN 1833 HENDRY STREET FT. MYERS, FL 33901

Current Mailing Address: New Mailing Address:

C/O DIANE JENSEN 1833 HENDRY STREET FT. MYERS, FL 33901

FEI Number: 59-6151500 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

SIGNATURE:

\L. _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T () Delete Title: PE (X) Change () Addition Name: HALL, DEBBIE Name: HALL, DEBBIE

Address: 3810 SW 20TH PL
City-St-Zip: CAPE CORAL, FL 33914

Name: HALE, Debbie
Address: 3810 SW 20TH PL
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete Title: P (X) Change () Addition

Name: BASEY, JENNIFER Name: BASEY, JENNIFER

Address: 6321 ST ANDREWS CIRCLE SOUTH Address: 6321 ST ANDREWS CIRCLE SOUTH

City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete Title: () Change () Addition

 Name:
 JENSEN, DIANE
 Name:

 Address:
 1833 HENDRY ST
 Address:

 City-St-Zip:
 FORT MYERS, FL 33901
 City-St-Zip:

(X) Change () Addition Title: Title: () Delete Name: HUSSEY, ALISON Name: HAWKINS, CYNTHIA Address: 5613 AMOROSO DR Address: 14190 REFLECTION LAKES DR City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33907

Title: PE () Delete Title: D (X) Change () Addition

Name:HUTTO, GWENName:HUTTO, GWENAddress:PO BOX 3111Address:PO BOX 3111

City-St-Zip: CAPE CORAL, FL 33915 City-St-Zip: CAPE CORAL, FL 33915

Title: () Delete Title: (X) Change () Addition HAWKINS, CINDY HESS, LAURA Name: Name: Address: 14190 REFLECTION LAKES DR Address: 3635 HERITAGE LANE FORT MYERS, FL 33907 FORT MYERS, FL 33908 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA HAWKINS T 03/21/2009