



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90230 042 ****61.25

DOCUMENT # 700164 1. Entity Name PILOT CLUB OF DAYTONA BEACH INC					
Principal Place of Business 197 DEERLAKE CIRCLE ORMOND BEACH, FL 32174 US			Mailing Address 197 DEERLAKE CIRCLE ORMOND BEACH, FL 32174 US		
2. Principal Place of Business 70 BIG BUCK TRAIL Suite, Apt. #, etc.		3. Mailing Address 70 BIG BUCK TRAIL Suite, Apt. #, etc.			
City & State ORMOND BEACH, FL		City & State ORMOND BEACH, FL		4. FEI Number 59-6162413	
Zip 32174		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUPREE, JUNE 197 DEERLAKE CIRCLE ORMOND BEACH, FL 32174				7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 70 BIG BUCK TRAIL City ORMOND BEACH FL Zip Code 32174	
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 <u>JUNE DUPREE</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GALLAGHER, LORI 644 PELICAN BAY DR. DAYTONA BEACH, FL 32119 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCMILLEN, JEANNIE 3575 BAREBACK TR. ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Δ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DUPREE, JUNE 197 DEERLAKE CIR ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPPS, MARILYN 55 RAIN TREE LN ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDEY, BETH 736 PRINGLE RD. PORT ORANGE, FL 32127 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, MARGARET 632 WILLIS DR DAYTONA BEACH, FL 32114 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD MARYANN K. BREDIN 734 RIVERSIDE DR HOLLY HILL, FL 32117	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.					
SIGNATURE: <u>Delores Gallagher</u> DELORES GALLAGHER PRESIDENT Signature and typed or printed name of signing officer or director Date APRIL 25, 2006 Daytime Phone # 386 756 4121					