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Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **700188** (6)

1. Corporation Name

PILOT CLUB OF WINTER HAVEN, FLORIDA, INC..



Principal Place of Business

Mailing Address

P.O. BOX 9104
WINTER HAVEN FL 33883

P.O. BOX 9104
WINTER HAVEN FL 33883-9104

3. Date Incorporated or Qualified **11/23/1959** 3a. Date of Last Report **04/12/1996**

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 Zip Country 29 Zip Country 30 Zip Country

4. FEI Number **59-6173306** Applied For ☐ Not Applicable ☐

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OWEN, HARRIET
580 AVE. E. S.E.
WINTER HAVEN FL 33880**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 *Harriet Owen*
Signature typed or printed name of registered agent and title if applicable

Harriet Owen

3/11/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **CARRIER, MARY**
STREET ADDRESS **136 GRANT ROAD, SE**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **PD** ☐ DELETE

NAME **FIERRO, BETTY**
STREET ADDRESS **140 LONGFELLOW ROAD, S.E.**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **TD** ☐ DELETE

NAME **HART, JANET**
STREET ADDRESS **4041 CYPRESS LANDING E.**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **D** ☐ DELETE

NAME **ROBINSON, JANET**
STREET ADDRESS **908 SHAWNA SHORES**
CITY-ST-ZIP **HAINES CITY FL**

TITLE **SD** ☐ DELETE

NAME **MASSEY, CLARICE**
STREET ADDRESS **521 LITTLE LAKE COURT**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **VD** ☐ DELETE

NAME **JOHNSON, CAROLE**
STREET ADDRESS **104 VOLUSIA DR., SE**
CITY-ST-ZIP **WINTER HAVEN FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
Fierro, Betty
140 Longfellow Road, SE
Winter Haven, FL

PD
Hart, Janet
4041 Cypress Landing E
Winter Haven, FL 33884

14. I do 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.

3/11/97

CR2E037 (9/96)