

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90037 040 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 700188**

1. Corporation Name

**PILOT CLUB OF WINTER HAVEN, FLORIDA, INC..**

Principal Place of Business

P.O. BOX 9104  
WINTER HAVEN FL 33883

Mailing Address

P.O. BOX 9104  
WINTER HAVEN FL 33883



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/23/1959	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6173306	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAACK, JACQUELYN S	1.2 NAME	
STREET ADDRESS	260 AVE. A., S.W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President Elect & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIERRO, BETTY	2.2 NAME	Beasley, Eunice
STREET ADDRESS	140 LONGFELLOW ROAD, S.E.	2.3 STREET ADDRESS	Cypresswood
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	Winter Haven Fla. 33884
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, JANET	3.2 NAME	Hart Janet
STREET ADDRESS	4041 CYPRESS LANDING E.	3.3 STREET ADDRESS	4041 Cypress Landing E.
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	Winter Haven, Fl. 33884
TITLE	RS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, HELEN	4.2 NAME	
STREET ADDRESS	2470 29TH ST., N.W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	4.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSEY, CLARICE	5.2 NAME	Massey, Clarice
STREET ADDRESS	521 LITTLE LAKE COURT	5.3 STREET ADDRESS	521 Little Lake Court
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	Winter Haven, Fla. 33884
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, ANN	6.2 NAME	Porter, Ann
STREET ADDRESS	802 ARIETTA CIRCLE N.	6.3 STREET ADDRESS	802 Arietta Circle N.
CITY-ST-ZIP	AUBURNDAL FL 33823	6.4 CITY-ST-ZIP	Auburndale, Fla 33823

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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

941-293-2131

Daytime Phone #

CR25037 11/091