


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90066 030 \*\*\*\*61.25

<b>DOCUMENT # 700188</b> 1. Entity Name <b>PILOT CLUB OF WINTER HAVEN, FLORIDA, INC..</b>					
Principal Place of Business <b>P.O. BOX 9104 WINTER HAVEN, FL 33883</b>			Mailing Address <b>P.O. BOX 9104 WINTER HAVEN, FL 33883</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		Country	
4. FEI Number <b>59-6173306</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HART, JANET 4041 CYPRESS LANDING EAST WINTER HAVEN, FL 33884</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BEESON, RUTH</b> <b>333 LAKE HOWARD DR NW 302 D</b> <b>WINTER HAVEN, FL 33880</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DORIS BROSSAU</b> <b>2800 21ST ST, NW</b> <b>WINTER HAVEN FL 33881</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRIFFITH, DIANE</b> <b>4518 ASHFORD DR</b> <b>WINTER HAVEN, FL 33880</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CLARICE BOSWELL</b> <b>PO BOX 458</b> <b>EAGLE LAKE FL 33839-0458</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HART, JANET</b> <b>4041 CYPRESS LANDING E.</b> <b>WINTER HAVEN, FL 33884</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>COLLINS, HELEN</b> <b>2470 29TH ST., N.W.</b> <b>WINTER HAVEN, FL 33881</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BEASLEY, EUNICE</b> <b>718 CANBERRA RD</b> <b>WINTER HAVEN, FL 33884</b>	<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	<b>S</b> <b>STAACK, JACKIE</b> <b>PO BOX 9444</b> <b>WINTER HAVEN, FL 33883</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>Janet A. Hart</i> <b>JANET A. HART</b> <b>3-22-07</b> <b>863-661-3479</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					