FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:58

DOCUMENT # **700211** **(6)**

1. Corporation Name
PILOT CLUB OF PLANT CITY FLORIDA INC

Principal Place of Business	Mailing Address
102 W BAKER PO DRAWER F PLANT CITY FL 33564	102 W BAKER PO DRAWER F PLANT CITY FL 33564

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/04/1959**
3a. Date of Last Report: **04/19/1994**
4. FEI Number: **59-6173300** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RILEY, NOMA
5201 SOUTH FARKAS ROAD
PLANT CITY FL 33567

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	President Elect	☒ Change ☐ Addition
NAME	BUCHMAN, BERYLE	12 NAME	Buchman, Beryle	
STREET ADDRESS	2718 LAUREL OAK DR	13 STREET ADDRESS	2718 Laurel Oak Dr.	
CITY-ST-ZIP	PLANT CITY FL	14 CITY-ST-ZIP	Plant City, Fl.	
TITLE	S	21 TITLE	Treasurer	☒ Change ☐ Addition
NAME	RILEY, NORMA	22 NAME	Riley, Noma	
STREET ADDRESS	5201 S FARKAS RD	23 STREET ADDRESS	5201 S. Farkas Rd.	
CITY-ST-ZIP	PLANT CITY FL	24 CITY-ST-ZIP	Plant City, Fl.	
TITLE	T	31 TITLE	Director	☒ Change ☐ Addition
NAME	KALEL, CONNIE	32 NAME	Kalel, Connie	
STREET ADDRESS	1608 STIRRUP CT	33 STREET ADDRESS	1608 Stirrup Ct.	
CITY-ST-ZIP	PLANT CITY FL	34 CITY-ST-ZIP	Plant City, Fl.	
TITLE	D	41 TITLE	Secretary	☐ Change ☒ Addition
NAME	WOOD, ADELE	42 NAME	White, Wilma	
STREET ADDRESS	4604 HWY 92 W	43 STREET ADDRESS	703 E. Devane St.	
CITY-ST-ZIP	PLANT CITY FL	44 CITY-ST-ZIP	Plant City, Fl.	
TITLE	D	51 TITLE	Vice President	☐ Change ☒ Addition
NAME	MILLER, ALICE	52 NAME	Gibbs, Barbara	
STREET ADDRESS	1908 E SPENCER STR	53 STREET ADDRESS	1608 Meredith Pl	
CITY-ST-ZIP	PLANT CITY FL	54 CITY-ST-ZIP	Plant City, Fl.	
TITLE	P	61 TITLE	President	☐ Change ☒ Addition
NAME	BERGHOFER, VIRGINIA	62 NAME	Roberts, Ann	
STREET ADDRESS	912 N. CRYSTAL TERR	63 STREET ADDRESS	1602 S. Park Rd	
CITY-ST-ZIP	PLANT CITY FL	64 CITY-ST-ZIP	Plant City, Fl.	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] Treasurer 4/7/95 813 752 6193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6043644