

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 700211 (6)

1. Corporation Name

PILOT CLUB OF PLANT CITY FLORIDA INC



Principal Place of Business

102 W BAKER
PO DRAWER F
PLANT CITY FL 33564

Mailing Address

102 W BAKER
PO DRAWER F
PLANT CITY FL 33564

3. Date Incorporated or Qualified
12/04/1959

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-6173300

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

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

**RILEY, NOMA
5201 SOUTH FARKAS ROAD
PLANT CITY FL 33567**

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 ☐ DELETE
NAME **PE**
STREET ADDRESS **BUCHANAN, BERYLE**
CITY-ST-ZIP **2718 LAUREL OAK DR**
PLANT CITY FL

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Beryle Buchman**
1.3 STREET ADDRESS **2718 Laurel Oak Dr.**
1.4 CITY-ST-ZIP **Plant City, FL.**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **RILEY, NORMA**
CITY-ST-ZIP **5201 S FARKAS RD**
PLANT CITY FL

2.1 TITLE **President Elect** ☒ Change ☐ Addition
2.2 NAME **Noma Riley**
2.3 STREET ADDRESS **5201 S. Farkas Rd.**
2.4 CITY-ST-ZIP **Plant City, FL.**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **KALEL, CONNIE**
CITY-ST-ZIP **1608 STIRRUP CT**
PLANT CITY FL

3.1 TITLE **Treasurer** ☒ Change ☐ Addition
3.2 NAME **Kalel, Connie**
3.3 STREET ADDRESS **1608 Stirrup Ct.**
3.4 CITY-ST-ZIP **Plant City, FL.**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **WOOD, ADELE**
CITY-ST-ZIP **4604 HWY 92 W**
PLANT CITY FL

4.1 TITLE **Director** ☐ Change ☒ Addition
4.2 NAME **Jean McQuaig**
4.3 STREET ADDRESS **903 Nancy Terr**
4.4 CITY-ST-ZIP **Plant City, FL.**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **MILLER, ALICE**
CITY-ST-ZIP **1906 E SPENCER STR**
PLANT CITY FL

5.1 TITLE **Director** ☐ Change ☒ Addition
5.2 NAME **Ann Roberts**
5.3 STREET ADDRESS **1602 Park Rd.**
5.4 CITY-ST-ZIP **Plant City, FL.**

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **BERGHOFFER, VIRGINIA**
CITY-ST-ZIP **912 N. CRYSTAL TERR**
PLANT CITY FL

6.1 TITLE **Director** ☒ Change ☐ Addition
6.2 NAME **Virginia Berghofer**
6.3 STREET ADDRESS **912 N. Crystal Terr**
6.4 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)(k), 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:

Noma Riley, President Elect

4/22/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)