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Apr 22 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 # **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 33564-9056



3. Date Incorporated or Qualified **12/04/1959** 3a. Date of Last Report **04/25/1996**

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

25

29

30

4. FEI Number **59-6173300** 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

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	P	<input type="checkbox"/> DELETE
NAME	BUCHMAN, BERYLE	
STREET ADDRESS	2718 LAUREL OAK DR	
CITY - ST - ZIP	PLANT CITY FL	
TITLE	PE	<input type="checkbox"/> DELETE
NAME	RILEY, NORMA	
STREET ADDRESS	5201 S FARKAS RD	
CITY - ST - ZIP	PLANT CITY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KALEL, CONNIE	
STREET ADDRESS	1608 STIRRUP CT	
CITY - ST - ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JEAN MCQUAIG	
STREET ADDRESS	903 NANCY TER	
CITY - ST - ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANN ROBERTS	
STREET ADDRESS	1602 PARK RD	
CITY - ST - ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERGHOFER, VIRGINIA	
STREET ADDRESS	912 N. CRYSTAL TERR	
CITY - ST - ZIP	PLANT CITY FL	

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Norma Riley	
1.3 STREET ADDRESS	5201 S. Farkas Rd	
1.4 CITY - ST - ZIP	Plant City, FL 33567	
2.1 TITLE	President Elect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Connie Kalel	
2.3 STREET ADDRESS	1608 Stirrup Ct	
2.4 CITY - ST - ZIP	Plant City, FL 33567	
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ann Roberts	
3.3 STREET ADDRESS	1602 S. Park Rd	
3.4 CITY - ST - ZIP	Plant City, FL 33566	
4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Beryle Buchman	
4.3 STREET ADDRESS	2718 Laurel Oak Dr.	
4.4 CITY - ST - ZIP	Plant City, FL 33567	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Nancy Miller	
5.3 STREET ADDRESS	14021 Reabud Circle	
5.4 CITY - ST - ZIP	Plant City, FL 33566	
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Janet Latham	
6.3 STREET ADDRESS	2307 S. Walden Place	
6.4 CITY - ST - ZIP	Plant City, FL 33567	

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.

SIGNATURE:

Connie Kalel **CONNIE KALEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97

Date

(813) 754-2240

Daytime Phone # 0046005

CR2E037 (9/96)