

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

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

3. Date Incorporated or Qualified	12/04/1959
4. FEI Number	59-6173300
Applied For	Not Applicable

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

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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 Noma Riley, Director

4/27/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	RILEY, NOMU
STREET ADDRESS	5201 S. FARKAS RD
CITY-ST-ZIP	PLANT CITY FL
TITLE	PE <input type="checkbox"/> DELETE
NAME	KALEL, CONNIE
STREET ADDRESS	1608 STIRRUP CT
CITY-ST-ZIP	PLANT CITY FL
TITLE	T <input type="checkbox"/> DELETE
NAME	ROBERTS, ANN
STREET ADDRESS	1602 S. PARK RD
CITY-ST-ZIP	PLANT CITY FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BUCHMAN, BERYLE
STREET ADDRESS	2718 LAUREL OAK DR
CITY-ST-ZIP	PLANT CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MILLER, NANCY
STREET ADDRESS	1402 REDBUD CIRCLE
CITY-ST-ZIP	PLANT CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LATHAM, JANET
STREET ADDRESS	2307 J. WALDEN PLACE
CITY-ST-ZIP	PLANT CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kalel, Connie
1.3 STREET ADDRESS	1608 Stirrup Ct
1.4 CITY-ST-ZIP	Plant City, FL 33567
2.1 TITLE	PE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sarah R. Lawhorne
2.3 STREET ADDRESS	505 N. Plant Ave.
2.4 CITY-ST-ZIP	Plant City, FL 33566
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Riley, Noma
4.3 STREET ADDRESS	5201 S. Farkas Rd.
4.4 CITY-ST-ZIP	Plant City, FL 33567
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: Noma Riley, Director

4/27/98

813/752-4950

CR2E037 (10/97)