

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90086 042 ****61.25

DOCUMENT # 700211

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



2. Principal Place of Business

21 1602 South Park

Suite, Apt. #, etc.

22

City & State

23 Plant City, FL

Zip

24 33566

Country

25 USA

2a. Mailing Address

26 1602 South Park

Suite, Apt. #, etc.

27

City & State

28 Plant City, FL

Zip

29 33566

Country

30 USA

3. Date Incorporated or Qualified

12/04/1959

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

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 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

TITLE P ☒ DELETE

NAME RILEY, NOMU
STREET ADDRESS 5201 S. FARKAS RD
CITY-ST-ZIP PLANT CITY FL

TITLE P ☒ DELETE

NAME KALEL, CONNIE
STREET ADDRESS 1608 STIRRUP CT
CITY-ST-ZIP PLANT CITY FL

TITLE T ☒ DELETE

NAME ROBERTS, ANN
STREET ADDRESS 1602 S. PARK RD
CITY-ST-ZIP PLANT CITY FL

TITLE D ☒ DELETE

NAME RILEY, NOMA
STREET ADDRESS 5201 S FARKAS RD
CITY-ST-ZIP PLANT CITY FL 33567

TITLE D ☐ DELETE

NAME MILLER, NANCY
STREET ADDRESS 1402 REDBUD CIRCLE
CITY-ST-ZIP PLANT CITY FL

TITLE D ☒ 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 ☐ Change ☒ Addition

1.2 NAME Sarah Lawhorne
1.3 STREET ADDRESS 507 Plant Ave
1.4 CITY-ST-ZIP Plant City, FL 33566

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE V ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE T ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME Jean McQuaig
6.3 STREET ADDRESS 903 Nancy Terrace
6.4 CITY-ST-ZIP Plant City, FL 33566

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Ann Roberts 4/22/99 813/752-4950

CR2E037 (11/98)