



2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 20, 2004 8:00 am**  
**Secretary of State**

05-20-2004 90006 026 \*\*\*\*61.25

<b>DOCUMENT # 700211</b> 1. Entity Name <b>PILOT CLUB OF PLANT CITY FLORIDA INC</b>					
Principal Place of Business <b>1602 SOUTH PARK PLANT CITY, FL 33566</b>			Mailing Address <b>5201 S PARKAS RD. PLANT CITY, FL 33567</b>		
2. Principal Place of Business <b>106 S. EVERS ST.</b>		3. Mailing Address <b>6308 N HABANA</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>APT B</b>			
City & State <b>PLANT CITY, FL</b>		City & State <b>TAMPA, FL</b>			
Zip <b>33566</b>	Country 	Zip <b>33614</b>	Country 		
4. FEI Number <b>59-6173300</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RILEY, NOMA 5201 SOUTH FARKAS ROAD PLANT CITY, FL 33567</b>			7. Name and Address of New Registered Agent Name <b>White, Kathy Lee</b> Street Address (P.O. Box Number is Not Acceptable) <b>6308 N HABANA, APT B</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33614</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <b>Kathy Lee White, Treasurer</b> <b>Kathy Lee White</b> <b>5-18-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, NANCY 1402 REDBUD CT. PLANT CITY, FL 33566	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KALEL, CONNIE 1608 STIRRUP CT PLANT CITY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITE, KATHY 6302 N. HARBOR APT. B TAMPA, FL 33614	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RILEY, NOMA 5201 S FARKAS RD PLANT CITY, FL 33567	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHIDDEN, JEAN 4030 WARNING DR. TAMPA, FL 33610	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, NANCY 3311 MICHENER PL PLANT CITY, FL 33567	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1402 REDBUD CIRCLE PLANT CITY FL 33563	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLANT CITY FL 33566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6302 N HABANA, APT B	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAWHORNE, SARAH 505 N. PLANT AVE. PLANT CITY, FL 33566	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4030 WARNING DR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>Kathy Lee White</b> <b>Kathy Lee White</b> <b>5/18/04</b> <b>(813) 875-5619</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Attachment

S  
Greene, Barbara  
3511 Knollwood Street  
Tampa, FL 33610-1627

                      
A 700 211  
44045725

S  
Heller, Frances  
11418 Linarbor Place  
Tampa, FL 33617