2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700211

FILED Apr 19, 2006 Secretary of State

Entity Name: PILOT CLUB OF PLANT CITY FLORIDA INC

Current Principal Place of Business: New Principal Place of Business: 106 S. EVERS ST. PLANT CITY, FL 33566 **Current Mailing Address: New Mailing Address:** 1748 BROOKSTONE WAY PLANT CITY, FL 33566 FEI Number: 59-6173300 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBERTS, ANN 1748 BROÓKSTONE WAY PLANT CITY, FL 33566 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BERGHOFER, VIRGINIA BERGHOFER, VIRGINIA Name: Name: 912 N. CRYSTAL TERR Address: 912 N. CRYSTAL TERR Address: City-St-Zip: PLANT CITY, FL 33563 City-St-Zip: PLANT CITY, FL 33563 Title: () Delete Title: (X) Change () Addition GREENE, BARBARA Name: GREENE, BARBARA Name: Address: 3511 E. KNOLLWOOD STREET Address: 3511 E. KNOLLWOOD STREET City-St-Zip: TAMPA, FL 33610 City-St-Zip: TAMPA, FL 33610 Title: () Delete Title: (X) Change () Addition WHITE, KATHY WHITE, KATHY Name: Name: 6302 N. HABANA, APT B 6302 N. HABANA, APT B Address: Address: City-St-Zip: TAMPA, FL 33614 City-St-Zip: TAMPA, FL 33614 () Delete Title: Title: PΕ (X) Change () Addition LAWHORNE, SARAH Name: Name: KINNEY, JILL 505 N. PLANT AVE. Address: Address: 111 E LAMBRIGHT ST City-St-Zip: PLANT CITY, FL 33566 City-St-Zip: TAMPA, FL 33604 Title: () Delete Title: () Change () Addition MCQUAIG, JEAN Name: Name: 903 NANCY TERRACE Address: Address: City-St-Zip: PLANT CITY, FL 33563 City-St-Zip: Title: () Delete Title: () Change () Addition RILEY, NOMÀ Name: Name: Address: 5201 S. FARKAS ROAD Address: PLANT CITY, FL 33566 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA BERGHOFER P 04/19/2006