

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700211

FILED
Apr 28, 2009
Secretary of State

Entity Name: PILOT CLUB OF PLANT CITY FLORIDA INC

Current Principal Place of Business:

1402 REDBUD ST.
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

1748 BROOKSTONE WAY
PLANT CITY, FL 33566

New Mailing Address:

5201 S. FARKAS RD.
PLANT CITY, FL 33567

FEI Number: 59-6173300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, ANN
1748 BROOKSTONE WAY
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: KINNEY, JILL
Address: 111 LAMBRIGHT ST.
City-St-Zip: TAMPA, FL 33614

Title: S () Delete
Name: GREENE, BARBARA
Address: 3511 E. KNOLLWOOD STREET
City-St-Zip: TAMPA, FL 33610

Title: P () Delete
Name: WHITE, KATHY
Address: 8302 N. HABANA APT B
City-St-Zip: TAMPA, FL 33614

Title: P () Delete
Name: MILER, NANCY
Address: 1402 REDBUD CR.
City-St-Zip: PLANT CITY, FL 33563

Title: VP () Delete
Name: ROBERTS, ANN
Address: 1748 BROOKSTONE WAY
City-St-Zip: PLANT CITY, FL 33566

Title: T () Delete
Name: RILEY, NOMA
Address: 5201 S. FARKAS ROAD
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WHITE, KATHY
Address: 6308 N HABANA APT. B
City-St-Zip: TAMPA, FL 33614

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: MILLER, NANCY
Address: 1402 REDBUD CR
City-St-Zip: PLANT CITY, FL 33563

Title: VP (X) Change () Addition
Name: LAWHORNE, SARA
Address: 505 N. PLANT AV
City-St-Zip: PLANT CITY, FL 33566

Title: VP (X) Change () Addition
Name: KALEL, CONNIE
Address: 1608 STIRUP DR
City-St-Zip: PLANT CITY, FL 33566

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NOMA RILEY

T

04/28/2009

Electronic Signature of Signing Officer or Director

Date