FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700221 (5)

1. Corporation Name

PILOT CLUB OF THE MIRACLE STRIP, FLORIDA, INC.

Principal Place of Business	Mailing Address
11 RACETRACK ROAD, SUITE H-1 FORT WALTON BEACH FL 32547-1879	11 RACETRACK ROAD, SUITE H-1 FORT WALTON BEACH FL 32547-1879

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1972
3a. Date of Last Report: 07/26/1994
4. FEI Number: 59-6173293 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business: 425 W Hollywood Blvd.	26 2a. Mailing Address: 425 Hollywood Blvd. W
22 Suite, Apt. #, etc.: Suite B	27 Suite, Apt. #, etc.: Suite B
23 City & State: Mary Esther, Florida	28 City & State: Mary Esther, Florida
24 Zip: 32569 25 Country: Okaloosa	29 Zip: 32569 30 Country: Okaloosa

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THORNTON, MARY JANE
11 RACETRACK ROAD, SUITE H-1
FORT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name: Mary Jane Thornton
82 Street Address (P.O. Box Number is Not Acceptable): 425 W. Hollywood Blvd.
83: Suite B
84 City: Mary Esther, Florida FL 85 Zip Code: 32569

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Mary Jane Thornton — 3/29/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	1.1 TITLE	T /D	☐ Change ☐ Addition
NAME	ROSS, CORINNE	1.2 NAME	Ross, Corinne (Same)	
STREET ADDRESS	1653 HWY 98W	1.3 STREET ADDRESS	1653 Highway 98 W	
CITY-ST-ZIP	MARY ESTHER FL	1.4 CITY-ST-ZIP	Mary Esther, Florida 32569	
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	CLANCY, MARY BETH	2.2 NAME	Same	
STREET ADDRESS	209 HAWTHORNE CIR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BCH FL	2.4 CITY-ST-ZIP		
TITLE	PE	3.1 TITLE	PE /D	☒ Change ☐ Addition
NAME	CRAWFORD, PHYLLIS	3.2 NAME	Slade, Lynn	
STREET ADDRESS	106 SKINNER CIRCLE	3.3 STREET ADDRESS	909 Cloverdale Court	
CITY-ST-ZIP	FT. WALTON BEACH FL	3.4 CITY-ST-ZIP	Ft. Walton Beach, Florida 32548	
TITLE	RS	4.1 TITLE	RS /D	☒ Change ☐ Addition
NAME	SMITH, BETTY	4.2 NAME	Landes, Lorraine	
STREET ADDRESS	1627 MOORE ST.	4.3 STREET ADDRESS	313 Standish Dr. P.O. Box 417	
CITY-ST-ZIP	NICEVILLE FL	4.4 CITY-ST-ZIP	Ft. Walton Beach, Florida 32549	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Corinne Ross — 3/27/95 — 904-581-2092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000144