2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 13, 2008 8:00 am Secretary of State

ANNUAL REPORT								Secretary of State 05-13-2008 90010 029 ****61.25				
DOCUMENT # 700225 1. Entity Name PILOT CLUB OF QUINCY FLORIDA INC												
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Principat Place of Business 3633 MT PLEASANT ROAD QUINCY, FL 32351 US			363	Mailing Address 3633 MT PLEASANT ROAD QUINCY, FL 32351 US				i i				
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					04242008 _C	hg-NP (CR2E037 (12/06)		
City & Stat	le		City & State				4. FEI Number Applied For 59-6153250 Not Applicable					
Zip	Country			Zip		Country		5. Certificate of S	atus Desired	S8.75 Add Fee Require		
6. Name and Address of Current Regis				ed Agent		7. Name and Address of New Registered Agent						
FALLIS, CAROLINE P. 3633 MT PLEASANT ROAD QUINCY, FL 32351						Name Street Address (P.O. Box Number is Not Acceptable)						
						City FL Zip Code						
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												
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
10.		OFFICERS AND D	RECTORS	3	11.			ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTORS IN	10	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	899 FACE	R, DELORES VILLE ATTAPULGUS GUS, GA 31715	HWY	⊠ Delete		ET ADDRESS ST-ZIP		ilis Carol 33 mt. Pl	line P easant Rd 32352	₹ Change	⊠ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HURST, HELEN DOGWOOD TRAIL QUINCY, FL 32352						P' Riel	nmond, Mo Hans Cour	rcelle.	☐ Change	(Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OUTLAW, PEGGY 102 E ELISE CT QUINCY, FL 32351			⊠ Delete			2 2 2 3 3	ed, Carle Forest Dr	<u>- 24333-</u> ne 1, 5a351	☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

archie P Jallis

Caroline PFallis

5/1/08

8508565422

Daytime Phone #