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FILED

Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700320 (5)

1. Corporation Name

PILOT CLUB OF VERO BEACH, INC.



Principal Place of Business

Mailing Address

P.O. BOX 7049
VERO BEACH FL 32961P.O. BOX 7049
VERO BEACH FL 32961-70493. Date Incorporated or Qualified
01/14/19603a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

City & State

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28

Zip Country

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25

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4. FEI Number
59-6140652Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COURTNEY, EUDORA H.
3855 INDIAN RIVER DR
VERO BCH FL 3296281 Name
ALICIA M. KILBOURNE82 Street Address (P.O. Box Number is Not Acceptable)
2190 55TH AVENUE

83

84 City
VERO BEACH FL 85 Zip Code
32966

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Alicia M. Kilbourne, TREASURER

2/3/97

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	P	<input type="checkbox"/> DELETE
NAME	SIGAFOOS, MARGARET	
STREET ADDRESS	715 HOLLY RD	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LANGE, BETTIE	
STREET ADDRESS	2336 44TH AVE	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOUPT, JO-ANN	
STREET ADDRESS	100 OCEAN ROAD #112	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	COURTNEY, PAT (EUDONA)	
STREET ADDRESS	3855 INDIAN RIVER DR	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COURTNEY, PAT	
STREET ADDRESS	3855 INDIAN RIVER DR	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	RIOTTU, MARYANN	
STREET ADDRESS	14 VISTA SANDERS TRAIL #102	
CITY - ST - ZIP	VERO BEACH FL	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DR. MARGARET SIGAFOOS	
1.3 STREET ADDRESS	715 HOLLY RD.	
1.4 CITY - ST - ZIP	VERO BEACH, FL 32963	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JANET LABOR	
2.3 STREET ADDRESS	25 VISTAGARDENS TRAIL #101	
2.4 CITY - ST - ZIP	VERO BEACH, FL 32962	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JO-ANN HOUP	
3.3 STREET ADDRESS	100 OCEAN ROAD, APT # 112	
3.4 CITY - ST - ZIP	VERO BEACH, FL 32963	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AUCIA M. KILBOURNE	
4.3 STREET ADDRESS	2190 55TH AVENUE	
4.4 CITY - ST - ZIP	VERO BEACH, FL 32966	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BARBARA MANN	
5.3 STREET ADDRESS	113 PRESTWICK CIRCLE	
5.4 CITY - ST - ZIP	VERO BEACH, FL 32967	
6.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LUCY SALVATORE	
6.3 STREET ADDRESS	20 VISTA GARDENS TRAIL #102	
6.4 CITY - ST - ZIP	VERO BEACH, FL 32962	

14. I do 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 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:

Lucy Salvatore, PRESIDENT

2/5/97 561-569-3417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0020685

CR2E037 (9/96)