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Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 32961

P.O. BOX 7049  
VERO BEACH FL 32961

3. Date Incorporated or Qualified

01/14/1960

4. FEI Number

59-6140652

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALICIA M KILBOURNE  
2190 55TH AVE  
VERO BCH FL 32966

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIGAFOOS, MARGARET	
STREET ADDRESS	715 HOLLY RD	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JANET LABER	
STREET ADDRESS	25 VISTA GARDENS TRAIL 101	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HOUPF, JO-ANN	
STREET ADDRESS	100 OCEAN ROAD #112	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	ALICIA M KILBOURNE	
STREET ADDRESS	2190 55TH AVE	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARBARA MANN	
STREET ADDRESS	113 PRESTWICK CIR	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LUCY SALVATORE	
STREET ADDRESS	20 VISTA GARDENS TRAIL 102	
CITY-ST-ZIP	VERO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARYANN RIOTTO	
1.3 STREET ADDRESS	14 VISTA GARDENS TRAIL #102	
1.4 CITY-ST-ZIP	VERO BEACH, FL 32962	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARILYN KRIEGER	
3.3 STREET ADDRESS	6452 N.W. FRIENDLY CIRCLE	
3.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34983	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input 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 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:

*Alicia M. Kilbourne*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALICIA M. KILBOURNE

Date

1/6/98

Daytime Phone # 561-569-4031

CR2E037 (10/97)