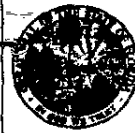


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 700320**

1. Entity Name  
PILOT CLUB OF VERO BEACH, INC.



Principal Place of Business  
P.O. BOX 7049  
VERO BEACH, FL 32961

Mailing Address  
P.O. BOX 7049  
VERO BEACH, FL 32968



02112005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-6140652  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BATES, IRENE W  
652 HATTERAS CT SW  
VERO BEACH, FL 32968

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
BURTON, JANE P  
1849 25 ST NET  
VERO BEACH, FL 32960

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
B  
WOLFE, BARBARA  
2140 55TH AVE  
VERO BEACH, FL 32966

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
BATES, IRENE W  
652 HATTERAS CT SW  
VERO BEACH, FL 32968

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PE  
PEELER, CAROLYN  
8365 91ST AVE  
VERO BEACH, FL 32967

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000373704  
07/20/05-80004-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:**

*Irene Bates*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #