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 MAY -1 PM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700354 (4)

1. Corporation Name
PILOT CLUB OF GAINESVILLE FLORIDA INC

Principal Place of Business	Mailing Address
P.O. BOX 31 GAINESVILLE FL 32601	P.O. BOX 31 GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1960
3a. Date of Last Report: 09/29/1994
4. FEI Number: 59-6009744 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

MORRISON, MOLLY
529 N.E. 1ST STREET
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BEEM, ELAINE	1.2 NAME	Jeanette Sturrett	
STREET ADDRESS	13715 NW 56TH AVENUE	1.3 STREET ADDRESS	3829 N.W. 36 st.	
CITY-ST-ZIP	GAINESVILLE FL 32606	1.4 CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	VPD	2.1 TITLE	V.P.D.	☒ Change ☐ Addition
NAME	STURRETT, JEANETTE	2.2 NAME	Karin Jeter	
STREET ADDRESS	3829 NW 36TH STREET	2.3 STREET ADDRESS	2127 S.W. 122 st.	
CITY-ST-ZIP	GAINESVILLE FL 32605	2.4 CITY-ST-ZIP	Gainesville FL 32607	
TITLE	S	3.1 TITLE	Corresponding Sec. - D	☒ Change ☐ Addition
NAME	JONES, DOTTY	3.2 NAME	Yvonne Boyette	
STREET ADDRESS	3964 NW 25TH CIRCLE	3.3 STREET ADDRESS	12128 S.W. 24 Ave.	
CITY-ST-ZIP	GAINESVILLE FL 32606	3.4 CITY-ST-ZIP	Gainesville, FL 32607	
TITLE	S	4.1 TITLE	Recording Sec. - D.	☐ Change ☐ Addition
NAME	ROGERS, LUCILLE	4.2 NAME	(Same)	
STREET ADDRESS	8620-344 NW 13TH STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE	T - D	☐ Change ☐ Addition
NAME	PLEIMAN, NANCY	5.2 NAME	(same)	
STREET ADDRESS	6110 NW 33RD TERRACE	5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32653	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	TEW, JANET	6.2 NAME	Connie Clowers	
STREET ADDRESS	P.O. BOX 390, N/A	6.3 STREET ADDRESS	4013 N.W. 34 Place	
CITY-ST-ZIP	MELROSE FL 32666	6.4 CITY-ST-ZIP	Gainesville, FL 32606	

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)(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: Nancy Pleiman NANCY PLEIMAN 4/26/95 (904) 376-0934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COPY