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May 15 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 # **700354** (4)

1. Corporation Name

**PILOT CLUB OF GAINESVILLE FLORIDA INC**



Principal Place of Business	Mailing Address
P.O. BOX 4261 GAINESVILLE FL 32613	P.O. BOX 4261 GAINESVILLE FL 32613

3. Date Incorporated or Qualified	01/23/1960
4. FEI Number	59-6009744
Applied For	Not Applicable

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

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
KLEIN, JACKIE 1918 N.W. 43 AVE GAINESVILLE FL 32605	

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	P D <input checked="" type="checkbox"/> DELETE
NAME	KLIEN, JACKIE
STREET ADDRESS	1918 N.W. 43 AVENUE
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	VPED <input checked="" type="checkbox"/> DELETE
NAME	TEW, JANET
STREET ADDRESS	P.O. BOX 390 N A
CITY-ST-ZIP	MELROSE FL 32666
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	PLEIMAN, NANCY
STREET ADDRESS	4408 N.W. 8 PL.
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	RSD <input checked="" type="checkbox"/> DELETE
NAME	SMIYH, SANDRA
STREET ADDRESS	6405 N.W. 18 AVENUE
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	JETER, KARIN
STREET ADDRESS	2127 S.W. 122 STREET
CITY-ST-ZIP	GAINESVILLE FL 32607
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KNUTH, JOAN
STREET ADDRESS	3726 S.W. 5 PL.
CITY-ST-ZIP	GAINESVILLE FL 32607

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TEW, JANET
1.3 STREET ADDRESS	P.O. BOX 390 NA
1.4 CITY-ST-ZIP	MELROSE, FL 32666
2.1 TITLE	VPED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KLEIN, JACKIE
2.3 STREET ADDRESS	1918 N.W. 43 AVE.
2.4 CITY-ST-ZIP	GAINESVILLE, FL 32605
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KNUTH, JOAN
3.3 STREET ADDRESS	8728 S.W. 5 PL.
3.4 CITY-ST-ZIP	GAINESVILLE, FL 32607
4.1 TITLE	RSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROGERS, LUCILLE
4.3 STREET ADDRESS	8620-344 N.W. 13 ST.
4.4 CITY-ST-ZIP	GAINESVILLE, FL 32653
5.1 TITLE	CS D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CLOWERS, CONNIE
5.3 STREET ADDRESS	4013 N.W. 34 PLACE
5.4 CITY-ST-ZIP	GAINESVILLE, FL 32606
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KREIS, PAT
6.3 STREET ADDRESS	5714 N.W. 45 DR.
6.4 CITY-ST-ZIP	GAINESVILLE, FL 32653

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: Joan Knuth JOAN KNUTH 5/1/98 (352)375-7284  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone: # 0012048

CR2E037 (10/97)