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**Apr 21, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 700354**

1. Corporation Name

**PILOT CLUB OF GAINESVILLE FLORIDA INC**

Principal Place of Business

P.O. BOX 4261  
GAINESVILLE FL 32613

Mailing Address

P.O. BOX 4261  
GAINESVILLE FL 32613



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/23/1960

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-6009744

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLEIN, JACKIE**  
**1918 N.W. 43 AVE**  
**GAINESVILLE FL 32605**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME TEW, JANET  
STREET ADDRESS PO BOX 390 N/A  
CITY-ST-ZIP MELROSE FL 32666

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Beem, Elaine  
1.3 STREET ADDRESS 13715 N.W. 56th Ave  
1.4 CITY-ST-ZIP Gainesville, FL 32653

TITLE VPED ☒ DELETE  
NAME KLEIN, JACKIE  
STREET ADDRESS 1918 NW 43 AVE  
CITY-ST-ZIP GAINESVILLE FL 32605

2.1 TITLE VPED ☒ Change ☐ Addition  
2.2 NAME Smith, Sandra  
2.3 STREET ADDRESS 6405 N.W. 18th Ave.  
2.4 CITY-ST-ZIP Gainesville, FL 32605

TITLE TD ☐ DELETE  
NAME KNUTH, JOAN  
STREET ADDRESS 3728 SW 5 PL  
CITY-ST-ZIP GAINESVILLE FL 32607

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE RSD ☐ DELETE  
NAME ROGERS, LUCILLE  
STREET ADDRESS 8620-344 NW 13 ST  
CITY-ST-ZIP GAINESVILLE FL 32653

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE CSD ☐ DELETE  
NAME CLOWERS, CONNIE  
STREET ADDRESS 4013 NW 34 PLACE  
CITY-ST-ZIP GAINESVILLE FL 32606

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME KREIS, PAT  
STREET ADDRESS 5714 NW 45 DR  
CITY-ST-ZIP GAINESVILLE FL 32653

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME D Tew, Janet  
6.3 STREET ADDRESS P.O. Box 390  
6.4 CITY-ST-ZIP Melrose, FL 32666

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, with all other like empowered.

SIGNATURE:

*Joan Knuth* REQUIRED Knuth

4-18-99 (352) 315-7284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)