

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **700364** (3)
1. Corporation Name
PILOT CLUB OF BARTOW FLORIDA INC



Principal Place of Business: **995 DE LA BOSQUE AVENUE BARTOW FL 33830**
Mailing Address: **995 DE LA BOSQUE AVENUE BARTOW FL 33830**

3. Date Incorporated or Qualified: **01/25/1960**
3a. Date of Last Report: **04/20/1995**
4. FEI Number: **59-6141343**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. **1185 HERMOSA AVE**
Suite, Apt. #, etc.
22.
City & State: **BARTOW FL**
23.
Zip: **33830** Country: **POCK**
24.
25.
26. **PO BOX 840**
Suite, Apt. #, etc.
27.
City & State: **BARTOW FL**
28.
Zip: **33831** Country: **POCK**
29.
30.
9. Name and Address of Current Registered Agent

BRYAN, BETTY J
995 DE LA BOSQUE AVENUE
BARTOW FL 33830

10. Name and Address of New Registered Agent
81. Name: **DIXIE YOST**
82. Street Address (P.O. Box Number is Not Acceptable): **1185 HERMOSA AVE**
83.
84. City: **BARTOW** FL 85. Zip Code: **33830**

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

DATE: **5-1-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PE	BRYAN, BETTY JEAN 995 DE LA BOSQUE AVENUE BARTOW FL 33830	1.1 TITLE: PRESIDENT 1.2 NAME: DIXIE YOST 1.3 STREET ADDRESS: 1185 HERMOSA AVE 1.4 CITY-ST-ZIP: BARTOW FL 33830
TITLE: P	CALANDROS, PATRICIA 1790 SUNRISE DRIVE E BARTOW FL 33830	2.1 TITLE: SECRETARY 2.2 NAME: JOANN KREMPER 2.3 STREET ADDRESS: 885 DE LA BOSQUE 2.4 CITY-ST-ZIP: BARTOW FL 33830
TITLE: D	BEASLEY, PATRICIA 1845 CAROLINA AVE BARTOW FL 33830	3.1 TITLE: DIRECTOR 3.2 NAME: SHIRLEY WILT 3.3 STREET ADDRESS: 2194 E. P. GRIFFIN RD 3.4 CITY-ST-ZIP: BARTOW FL 33830
TITLE: S	CLEMENTS, LINDA 1885 KISSINGEN AVE SO BARTOW FL 33830	4.1 TITLE: DIRECTOR 4.2 NAME: BARBARA NELSON 4.3 STREET ADDRESS: 2150 DE LA PALMA 4.4 CITY-ST-ZIP: BARTOW FL 33830
TITLE: D	QUINA, PRISCILLA 1790 SUNRISE DRAVE E BARTOW FL 33830	5.1 TITLE: TREASURER 5.2 NAME: BETTY JEAN BAYAN 5.3 STREET ADDRESS: 8965 ANGUS RD 5.4 CITY-ST-ZIP: BARTOW FL 33830-9371
TITLE: D	WRIGHT, DEE DEE 1715 VALENCIA BLVD BARTOW FL 33830	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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: *Betty Jean Bryan Betty Jean Bryan* 5/1/96 813-537-2426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)