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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **700364** (3)
1. Corporation Name
PILOT CLUB OF BARTOW FLORIDA INC



Principal Place of Business 1185 HERMOSA AVE. BARTOW FL 33830 US	Mailing Address P.O. BOX 840 BARTOW FL 33831-0840 US
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3. Date Incorporated or Qualified 01/25/1960	3a. Date of Last Report 05/17/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-6141343	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**YOST, DIXIE
1185 HERMOSA AVE.
BARTOW FL 33830**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	YOST, DIXIE	
STREET ADDRESS	1185 HERMOSA AVE.	
CITY-ST-ZIP	BARTOW FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KREMPER, JOANN	
STREET ADDRESS	885 DE LA BOSQUE	
CITY-ST-ZIP	BARTOW FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILT, SHIRLEY	
STREET ADDRESS	2194 E. F. GRIFFIN RD.	
CITY-ST-ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NELSON, BARBARA	
STREET ADDRESS	2150 DE LA PALMA	
CITY-ST-ZIP	BARTOW FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BRYAN, BETTY J	
STREET ADDRESS	8965 ANGUS RD.	
CITY-ST-ZIP	BARTOW FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	YOST, DIXIE	
1.3 STREET ADDRESS	1185 HERMOSA AVE	
1.4 CITY-ST-ZIP	BARTOW FL	
2.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHRISTINE HENDRIX	
2.3 STREET ADDRESS	315 E. CENTRAL AVE (PO BOX 2)	
2.4 CITY-ST-ZIP	ALTOONA FL 33820	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *Betty J Bryan* **4-10-97 941-587-2426**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0053527

CR2E037 (9/96)