

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700416

FILED
Jun 07, 2006
Secretary of State

Entity Name: PILOT CLUB OF ST AUGUSTINE INC

Current Principal Place of Business:

BOX 3761
P.O.BOX 3761
ST. AUGUSTINE, FL 320853761

New Principal Place of Business:

Current Mailing Address:

BOX 3761
P.O.BOX 3761
ST. AUGUSTINE, FL 320853761

New Mailing Address:

FEI Number: 59-6139874 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COLEMAN, JO ELLEN
23 LINDA MAR DR.
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

MORRISON, MELANIE
9640 JARVIS AVE
HASTINGS, FL 32145 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MELANIE MORRISON

06/07/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: GREEN, BEVERLY B
Address: 1725 CR 13A SOUTH
City-St-Zip: ELKTON, FL 32033

Title: PD () Delete
Name: HETHERINGTON, SARA
Address: 609 POINSETTIA
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VPD () Delete
Name: HODYSS, LORETH B
Address: 3576 RED DEAD TRAIL
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: TD () Delete
Name: COLEMAN, JO ELLEN
Address: 23 LINDA MAR DR.
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: RSD () Delete
Name: HEYMEN, ANNE
Address: 76 WILLOW DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: THOMAS, RAYMA
Address: 468 ARRICOLA AVE.
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GREEN, BEVERLY B
Address: 1725 CR 13A SOUTH
City-St-Zip: ELKTON, FL 32033

Title: D (X) Change () Addition
Name: HETHERINGTON, SARA
Address: 120 MAGNOLIA DRIVE
City-St-Zip: EAST PALATKA, FL 32131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: MORRISON, MELANIE
Address: 9640 JARVIS AVE
City-St-Zip: HASTINGS, FL 32145

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELANIE MORRISON

TD

06/07/2006

Electronic Signature of Signing Officer or Director

Date