

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90136 038 ****61.25

DOCUMENT # 700416

1. Entity Name

PILOT CLUB OF ST AUGUSTINE INC



Principal Place of Business

23 LINDA MAR DRIVE
ST. AUGUSTINE FL 32080
US

Mailing Address

P O BOX 3761
ST. AUGUSTINE FL 32085-3761
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number
59-6139874

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLEMAN, JO ELLEN
23 LINDA MAR DRIVE
ST AUGUSTINE FL 32080

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jo Ellen Coleman JO ELLEN COLEMAN

04/11/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
RUSSELL, SHERRY
3725 ARROWHEAD DRIVE
ST AUGUSTINE FL 32086 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
COLEMAN, LESLIE
119 PALMER STREET
ST AUGUSTINE FL 32084 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPRE
COLEMAN, LESLIE
119 PALMER STREET
ST AUGUSTINE FL 32084 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPRE
BROWN, NETTIE RUTH
141 OUIDO ST
ST AUGUSTINE FL 32084 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
HETHERINGTON, SARA
120 MAGNOLIA DRIVE
EAST PALATKA FL 32131 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
HEYMAN, ANNE
76 WILLOW DRIVE
ST AUGUSTINE FL 32080 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREA
COLEMAN, JO ELLEN
23 LINDA MAR DRIVE
ST AUGUSTINE FL 32080 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREA
SMITH, JEANNETTE
826 AIA BEACH BLVD, # 46
ST AUGUSTINE, FL 32080 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jo Ellen Coleman JO ELLEN COLEMAN

04/11/08 (904) 471-0160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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