

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700416

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: PILOT CLUB OF ST AUGUSTINE INC

## Current Principal Place of Business:

23 LINDA MAR DRIVE  
ST. AUGUSTINE, FL 32080 US

## New Principal Place of Business:

119 PALMER ST  
ST AUGUSTINE, FL 32084 US

## Current Mailing Address:

P O BOX 3761  
ST. AUGUSTINE, FL 320853761 US

## New Mailing Address:

FEI Number: 59-6139874      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

COLEMAN, LESLIE  
119 PALMER ST  
ST AUGUSTINE, FL 32084 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: LESLIE COLEMAN

04/13/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: COLEMAN, LESLIE  
Address: 119 PALMER STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: VPRE ( ) Delete  
Name: BROWN, NETTIE R  
Address: 141 OVIEDO ST  
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

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

Title: TREA ( ) Delete  
Name: SMITH, JEANNETTE  
Address: 826 A1A BEACH BLVD #46  
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: BROWN, NETTIE R  
Address: 141 OVIEDO ST  
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: VPRE (X) Change ( ) Addition  
Name: HETHERINGTON, SARA  
Address: 120 MAGNOLIA DR  
City-St-Zip: E PALATKA, FL 32131 US

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

Title: TREA (X) Change ( ) Addition  
Name: JULIA, KELLY  
Address: 4079 VERMONT BLVD  
City-St-Zip: SAINT AUGUSTINE, FL 32033 US

I hereby certify that the information supplied with this filing does not qualify 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: LESLIE COLEMAN

DIR

04/13/2009

Electronic Signature of Signing Officer or Director

Date