

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 700435**

**(1)**

1. Corporation Name

**PILOT CLUB OF SANFORD FLORIDA, INC.**



Principal Place of Business

Mailing Address

**305 VIHLEN RD  
SANFORD FL 32771  
US**

**305 VIHLEN RD  
P.O. BOX 836  
SANFORD FL 32771  
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RETHWILL, MARIAN  
305 VIHLEN ROAD  
SANFORD FL 32771**

81 Name

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

83

84 City

**FL**

85 Zip Code

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 **Marian Rethwill**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **COCHRANE, MARY JO**  
STREET ADDRESS **105 LAKESIDE DR**  
CITY-ST-ZIP **SANFORD FL**

TITLE **P** ☐ DELETE

NAME **RETHWILL, MARIAN**  
STREET ADDRESS **305 VIHLEN RD**  
CITY-ST-ZIP **SANFORD FL**

TITLE **T** ☒ DELETE

NAME **SPROUSE CAROLE**  
STREET ADDRESS **623 ANHINGA RD**  
CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE **D** ☐ DELETE

NAME **WOLF, BONNIE**  
STREET ADDRESS **101 VIHLEN ROAD**  
CITY-ST-ZIP **SANFORD FL**

TITLE **D** ☐ DELETE

NAME **KILPATRICK, MARTHA**  
STREET ADDRESS **808 CHEROKEE CIRCLE**  
CITY-ST-ZIP **SANFORD FL**

TITLE **RS** ☒ DELETE

NAME **KING, JUDY**  
STREET ADDRESS **314 RACHEL AVE**  
CITY-ST-ZIP **SANFORD FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**T**

**Cochrane, Mary Jo**  
**105 Lakeside Circle**  
**Sanford, FL. 32773**

**P**

**Ruth Gaines**  
**702 S. Oak Ave.**  
**Sanford, FL. 32771**

**D**

**Marian Rethwill**  
**305 Vihlen Road**  
**Sanford, FL. 32771**

**D**

**Bonnie Wolf**  
**101 Vihlen Raod**  
**Sanford, FL. 32771**

**D**

**Kilpatrick, Martha**  
**808 Cherokee Circle**  
**Sanford, FL. 32773**

**RS**

**Sanders, Atha**  
**625 Michigan Street**  
**Sanford, FL. 32773**

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: **Mary J. Cochrane**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)