

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32771-3608
US



3. Date Incorporated or Qualified 02/12/1980 3a. Date of Last Report 03/04/1996

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

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25

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4. FEI Number 59-1728752 Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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* 2-5-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	T	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COCHRANE, MARY JO			1.2 NAME			
STREET ADDRESS	105 LAKESIDE CIRCLE			1.3 STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL			1.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GAINES, RUTH			2.2 NAME			
STREET ADDRESS	702 S OAK AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RETHWILL, MARIAN			3.2 NAME			
STREET ADDRESS	305 VIHLEN ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WOLF, BONNIE			4.2 NAME			
STREET ADDRESS	101 VIHLEN ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KILPATRICK, MARTHA			5.2 NAME			
STREET ADDRESS	808 CHEROKEE CIRCLE			5.3 STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL			5.4 CITY-ST-ZIP			
TITLE	RS	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SANDERS, ATHA			6.2 NAME			
STREET ADDRESS	625 MICHIGAN ST			6.3 STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL			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: *Mary J. Cochran* 2/6/97

CR2E037 (9/96)