

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700435 (1)
1. Corporation Name
PILOT CLUB OF SANFORD FLORIDA, INC.



Principal Place of Business 305 VIHLEN RD SANFORD FL 32771 US	P.O. Box 836 Sanford, FL 32771	Mailing Address 305 VIHLEN RD P.O. BOX 836 SANFORD, FL 32771 US	P.O. Box 836 Sanford, FL 32771
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3. Date Incorporated or Qualified 02/12/1960	
4. FEI Number 59-1728752	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent RETHWILL, MARIAN 305 VIHLEN ROAD SANFORD FL 32771		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COCHRANE, MARY JO 105 LAKESIDE CIRCLE SANFORD FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAINES, RUTH 702 S OAK AVE SANFORD FL	<input type="checkbox"/> DELETE	T Sprouse Carol 623 Clearm Ct. Winter Springs, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RETHWILL, MARIAN 305 VIHLEN ROAD SANFORD FL	<input type="checkbox"/> DELETE	D Gaines Ruth 702 S Oak Ave. Sanford FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLF, BONNIE 101 VIHLEN ROAD SANFORD FL	<input type="checkbox"/> DELETE	P Rethwill Marion 305 Vihlen Rd. Sanford, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILPATRICK, MARTHA 808 CHEROKEE CIRCLE SANFORD FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS SANDERS, ATHA 625 MICHIGAN ST SANFORD FL	<input type="checkbox"/> DELETE	

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: *Carol Sprouse* 1-31-98

CR2E037 (10/97)