

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	Mailing Address P.O. Box 836 Sanford, FL 32771 US
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3. Date Incorporated or Qualified
02/12/1960

4. FEI Number
59-1728752 *have* ☒ Applied For
Not Applicable

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

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent RETHWILL, MARIAN 305 VIHLEN ROAD SANFORD FL 32771	
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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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	COCHRANE, MARY JO
STREET ADDRESS	105 LAKESIDE CIRCLE
CITY-ST-ZIP	SANFORD FL
TITLE	<input type="checkbox"/> DELETE
NAME	GAINES, RUTH
STREET ADDRESS	702 S OAK AVE
CITY-ST-ZIP	SANFORD FL
TITLE	<input type="checkbox"/> DELETE
NAME	RETHWILL, MARIAN
STREET ADDRESS	305 VIHLEN ROAD
CITY-ST-ZIP	SANFORD FL
TITLE	<input type="checkbox"/> DELETE
NAME	WOLF, BONNIE
STREET ADDRESS	101 VIHLEN ROAD
CITY-ST-ZIP	SANFORD FL
TITLE	<input type="checkbox"/> DELETE
NAME	KILPATRICK, MARTHA
STREET ADDRESS	808 CHEROKEE CIRCLE
CITY-ST-ZIP	SANFORD FL
TITLE	<input type="checkbox"/> DELETE
NAME	SANDERS, ATHA
STREET ADDRESS	625 MICHIGAN ST
CITY-ST-ZIP	SANFORD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	T Sprouse Carol
1.3 STREET ADDRESS	623 Clearm Ct.
1.4 CITY-ST-ZIP	Winter Springs FL 32708
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gaines Ruth
2.3 STREET ADDRESS	702 S Oak Ave.
2.4 CITY-ST-ZIP	Sanford FL 32771
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rethwill Marion
3.3 STREET ADDRESS	305 Vihlen Rd.
3.4 CITY-ST-ZIP	Sanford, FL 32771
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)