

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90027 041 ****61.25

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DOCUMENT # 700435

1. Corporation Name

PILOT CLUB OF SANFORD FLORIDA, INC.

Principal Place of Business

PO BOX 836
SANFORD FL 32771
US

Mailing Address

PO BOX 836
P.O. BOX 836
SANFORD FL 32771
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/12/1960

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T ☒ DELETE
NAME **SPROUSE, CAROL**
STREET ADDRESS **623 CLEARN CT**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

D ☐ DELETE
NAME **GAINES, RUTH**
STREET ADDRESS **702 S OAK AVE**
CITY-ST-ZIP **SANFORD FL 32708**

P ☐ DELETE
NAME **RETHWILL, MARIAN**
STREET ADDRESS **305 VIHLEN ROAD**
CITY-ST-ZIP **SANFORD FL 32771**

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

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

RS ☐ 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 T ☒ Change ☐ Addition
1.2 NAME **GAINES, RUTH**
1.3 STREET ADDRESS **702 S. OAK AVE.**
1.4 CITY-ST-ZIP **SANFORD, FL 32771**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME **PRINGLE, ELIZA**
5.3 STREET ADDRESS **P.O. BOX 497**
5.4 CITY-ST-ZIP **SANFORD, FL 32772**

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE *Ruth Gaines*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-99

Date

407-323-0253

Daytime Phone #

CR2E037 (11/98)