

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 # 700546 (5)

1. Corporation Name

PILOT CLUB OF MILTON FLORIDA INC

Principal Place of Business

**206 RAYMOND HOBBS ST
MILTON FL 32570
US**

Mailing Address

**P O BOX 52
MILTON FL 32572
US**



3. Date Incorporated or Qualified
03/01/1960

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21 206 RAYMOND HOBBS ST.

26 P. O. BOX 52

4. FEI Number
59-6173297

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

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

23 MILTON, FL

28 MILTON, FL

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

24 32570

25 US

29 32572

30 US

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

**WOLFE, GERTRUDE
206 RAYMOND HOBBS ST
P O BOX 52
MILTON FL 32572**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STREETER, SYLVIA	
STREET ADDRESS	9604 SO SELLERS DR	
CITY-ST-ZIP	MILTON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLLEY, BARBARA	
STREET ADDRESS	1324 PINEVIEW CHURCH RD	
CITY-ST-ZIP	MILTON FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SINGLETARY, LORAIN	
STREET ADDRESS	7224 HIGHWAY 89	
CITY-ST-ZIP	MILTON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WOLFE, GERTRUDE	
STREET ADDRESS	206 RAYMOND HOBBS ST	
CITY-ST-ZIP	MILTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HOLLEY, BARBARA	
1.3 STREET ADDRESS	1324 PINEVIEW CHURCH ROAD	
1.4 CITY-ST-ZIP	MILTON, FL 32565	
2.1 TITLE	P-Elect D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOCILE C. PERRY	
2.3 STREET ADDRESS	5525 Meadowlark Lane	
2.4 CITY-ST-ZIP	MILTON, FL 32570	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	McWATERS, Faye	
3.3 STREET ADDRESS	214 CEDAR ST.	
3.4 CITY-ST-ZIP	MILTON, FL 32570	
4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WOLFE, GERTRUDE	
4.3 STREET ADDRESS	208 RAYMOND HOBBS ST., P. O. BOX 52	
4.4 CITY-ST-ZIP	MILTON, FL 32572	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STREETER, Sylvia	
5.3 STREET ADDRESS	9604 South Sellers Dr.	
5.4 CITY-ST-ZIP	Milton, FL 32570	
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 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:

Gertrude Wolfe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 25, 1996

Date

Daytime Phone #

CR2E037 (12/95)

PM 4/15/96