

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 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 # **700546** (5)

1. Corporation Name

PILOT CLUB OF MILTON FLORIDA INC



Principal Place of Business 123 SHEFFIELD DR. MILTON FL 32570 US		Mailing Address 123 SHEFFIELD DR. MILTON FL 32571 US		3. Date Incorporated or Qualified 03/01/1960	
2. Principal Place of Business 21 214 Cedar St. Suite, Apt. #, etc. 22 Milton, FL City & State 23 32570-3802 US Zip Country		2a. Mailing Address 26 214 Cedar St Suite, Apt. #, etc. 27 Milton, FL City & State 28 32570 US Zip Country		4. FEI Number 59-6173297 Applied For Not Applicable	
24		25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28		29		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30		31		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent EULENE SHEFFIELD 123 SHEFFIELD DR. P O BOX 52 MILTON FL 32571		10. Name and Address of New Registered Agent 81 Name Nina Faye McWaters 82 Street Address (P.O. Box Number is Not Acceptable) 214 Cedar St. 83 NA 84 City Milton FL 85 Zip Code 32570-3802	
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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 Nina Faye McWaters, Treasurer Date Jan. 29, 1998

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	P	1.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOCILE C. PERRY	1.2 NAME	Jocile C. Perry
STREET ADDRESS	5525 MEADOWLACK LANE	1.3 STREET ADDRESS	525 Meadowlark Lane
CITY-ST-ZIP	MILTON FL	1.4 CITY-ST-ZIP	Milton, FL 32570
TITLE	V	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN WILLIAMS	2.2 NAME	Dean Williams
STREET ADDRESS	812 MOCKINGBIRD LANE	2.3 STREET ADDRESS	812 Mockingbird Lane
CITY-ST-ZIP	MILTON FL	2.4 CITY-ST-ZIP	Milton, FL 32570
TITLE	S	3.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCWATERS, FAYE	3.2 NAME	Faye McWaters
STREET ADDRESS	214 CEDAR ST.	3.3 STREET ADDRESS	214 Cedar St.
CITY-ST-ZIP	MILTON FL 32570	3.4 CITY-ST-ZIP	Milton, FL 32570-3802
TITLE	T	4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EULENE SHEFFIELD	4.2 NAME	Eulene Sheffield
STREET ADDRESS	123 SHEFFIELD DR.	4.3 STREET ADDRESS	123 Sheffield Dr
CITY-ST-ZIP	MILTON FL	4.4 CITY-ST-ZIP	Milton, FL 32570
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOREINE COOK	5.2 NAME	
STREET ADDRESS	4558 FORSYTH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BAGDAD FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THELMA DUKES	6.2 NAME	
STREET ADDRESS	309 CONNECUH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	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: Nina Faye McWaters Nina Faye McWaters 1-29-98 850-613-0992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (optional)

CR2E037 (10/97)