

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90031 009 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700546

1. Corporation Name

PILOT CLUB OF MILTON FLORIDA INC

Principal Place of Business

 214 CEDAR ST.
 MILTON FL 32570-3802
 US

Mailing Address

 214 CEDAR ST.
 MILTON FL 32570-3802
 US


2. Principal Place of Business 21 4565 Sheffield Dr. Suite, Apt. #, etc.	2a. Mailing Address 26 4565 Sheffield Dr. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 03/01/1960
22 City & State 23 Pace, FL 24 Zip 32571 25 Country	27 City & State 28 Pace, FL 29 Zip 32571 30 Country	4. FEI Number 59-6173297 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

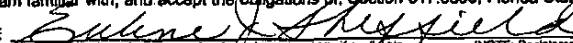
 NINA FAYE MCWATERS
 214 CEDAR ST.
 MILTON FL 32570-3802

10. Name and Address of New Registered Agent

 81 Name
 82 Eulene J. Sheffield
 83 Street Address (P.O. Box Number is Not Acceptable)
 4565 Sheffield Dr.
 84 City Pace FL 85 Zip Code 32571

11. Pursuant to the provisions of Sections 617.0602 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



(NOTE: Registered Agent signature required when reappointing)

DATE

4/6/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JOCILE C. PERRY	1.2 NAME	
STREET ADDRESS	525 MEADOWLARK LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32570	1.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	DEAN WILLIAMS	2.2 NAME	Florine Reklinski
STREET ADDRESS	812 MOCKINGBIRD LANE	2.3 STREET ADDRESS	1920 Blakemore Dr.
CITY-ST-ZIP	MILTON FL 32570	2.4 CITY-ST-ZIP	Pace, FL 32571
TITLE	T ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	MCWATERS, FAYE	3.2 NAME	Eulene Sheffield
STREET ADDRESS	214 CEDAR ST.	3.3 STREET ADDRESS	4565 Sheffield Dr.
CITY-ST-ZIP	MILTON FL 32570	3.4 CITY-ST-ZIP	Pace, FL 32571
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	EULENE SHEFFIELD	4.2 NAME	Debbie Smith
STREET ADDRESS	123 SHEFFIELD DR.	4.3 STREET ADDRESS	5424 Oak Meadow Dr.
CITY-ST-ZIP	MILTON FL 32570	4.4 CITY-ST-ZIP	Milton, FL 32570
TITLE	D ☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	FLOREINE COOK	5.2 NAME	Shirley Coffman
STREET ADDRESS	4556 FORSYTH ST.	5.3 STREET ADDRESS	216 Cedar St.
CITY-ST-ZIP	BAGDAD FL	5.4 CITY-ST-ZIP	Milton, FL 32570
TITLE	D ☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	THELMA DUKES	6.2 NAME	Dean Williams
STREET ADDRESS	309 CONNECUH ST.	6.3 STREET ADDRESS	812 Mockingbird Lane
CITY-ST-ZIP	MILTON FL	6.4 CITY-ST-ZIP	Milton, FL 32570

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 817, 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:



(850) 994-5416

Date

Daytime Phone #

CR2E037 (1/98)