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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **700546**

1. Corporation Name
PILOT CLUB OF MILTON FLORIDA INC

Principal Place of Business	Mailing Address
214 CEDAR ST. MILTON FL 32570-3802 US	214 CEDAR ST. MILTON FL 32570-3802 US

2. Principal Place of Business
21 4565 Sheffield Dr.
Suite, Apt. #, etc. 22
City & State 23 Pace, FL
Zip 24 32571 Country 25

2a. Mailing Address
26 4565 Sheffield Dr.
Suite, Apt. #, etc. 27
City & State 28 Pace, FL
Zip 29 32571 Country 30

3. Date Incorporated or Qualified
03/01/1960

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

10. Name and Address of New Registered Agent

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

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 Eulene J. Sheffield 4/6/99
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	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	P	☒ 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	T	☒ 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	D	☐ 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	D	☒ 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	D	☒ 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	

CR2E037 (11/98)

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: Eulene J. Sheffield SIGNATURE REQUIRED (850) 994-5416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Eulene J. Sheffield