2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004
Secretary of State

DOCUMENT# 700546

Entity Name: PILOT CLUB OF MILTON FLORIDA INC

Current Principal Place of Business:

6100 CHEYENNE DR
MILTON, FL 32570 US

New Principal Place of Business:

Current Mailing Address:

6100 CHEYENNE DR
MILTON, FL 32570 US

New Mailing Address:

FEI Number: 59-6173297 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUCHOW, ROBERT F
6100 CHEYENNE DR
MILTON, FL 32570

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	MUCHOW, DELFINA M	
Address:	6100 CHEYENNE DR	
City-St-Zip:	MILTON, FL 32570	
Title:	D	( ) Delete
Name:	INGVOLDSTAD, DIANE	
Address:	7715 LUND RD	
City-St-Zip:	MILTON, FL 32570	
Title:	P	( ) Delete
Name:	WILLIAMS, CURTIS	
Address:	5656 TREVINO DR.	
City-St-Zip:	MILTON, FL 32570	
Title:	D	( ) Delete
Name:	MUCHOW, ROBERT	
Address:	6100 CHEYENNE DR	
City-St-Zip:	MILTON, FL 32570	
Title:	T	( ) Delete
Name:	SMITH, DEBBIE	
Address:	5424 OAK ST	
City-St-Zip:	MILTON, FL 32570	
Title:	VP	( ) Delete
Name:	WILLIAMS, SUSAN	
Address:	5657 TREVINO DR	
City-St-Zip:	MILTON, FL 32570	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT F MUCHOW T 03/29/2004

Electronic Signature of Signing Officer or Director — Date