

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700861 (8)

1. Corporation Name

PILOT CLUB OF ORLANDO-WINTER PARK, INC.



Principal Place of Business

Mailing Address

1303 RIDGECREST ROAD
P.O. BOX 536442
ORLANDO FL 32853-6442
US

6406 EDGEWORTH DR (32819)
P.O. BOX 536442 (ZIP 32853-6442)
ORLANDO FL 32853-6442

2. Principal Place of Business
21 1407 Quailey Ave.

2a. Mailing Address
26 P. O. Box 536442

3. Date Incorporated or Qualified

04/26/1960

3a. Date of Last Report

04/12/1995

4. FEI Number

59-2077904

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

23 Orlando, Fl.

27 Orlando, Fl.

24 32853- USA

29 32853 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DORETTA M. STEVENS
1407 QUAILEY AVENUE
ORLANDO FL 32804

81 Name
Berylene Wagner

82 Street Address (P.O. Box is acceptable)
2053 Siesta Lane

83

84 City
Orlando, FL

85 Zip Code
32804

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

Berylene Wagner

Berylene Wagner

4/12/96

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 D ☒ DELETE
NAME BELBECK, HELEN
STREET ADDRESS 255 ORANGE TERRACE DRIVE
CITY-ST-ZIP WINTER PARK FL

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Carolyn Allen
1.3 STREET ADDRESS 8657 El Portal Ct.
1.4 CITY-ST-ZIP Orlando, Fl. 32825

TITLE T ☒ DELETE
NAME STEVENS, DORETTA M.
STREET ADDRESS 1407 QUAILEY AVENUE
CITY-ST-ZIP ORLANDO FL

2.1 TITLE Vice President ☒ Change ☐ Addition
2.2 NAME Berylene Wagner
2.3 STREET ADDRESS 2053 Siesta Lane
2.4 CITY-ST-ZIP Orlando, Fl. 32804

TITLE S ☐ DELETE
NAME ATKINS, NELL M
STREET ADDRESS 1407 QUAILEY AVENUE
CITY-ST-ZIP ORLANDO FL

3.1 TITLE Secretary ☒ Change ☐ Addition
3.2 NAME Nell Atkins
3.3 STREET ADDRESS 1407 Quailey Av.
3.4 CITY-ST-ZIP Orlando, Fl. 32804

TITLE D ☒ DELETE
NAME REEVES, JOAN
STREET ADDRESS 605 D JAMESTOWN DR
CITY-ST-ZIP WINTER PARK FL

4.1 TITLE Director ☒ Change ☐ Addition
4.2 NAME Marie Williams
4.3 STREET ADDRESS 340 Jennie Jewel Dr.
4.4 CITY-ST-ZIP Orlando, Fl. 32806

TITLE VP ☒ DELETE
NAME MARTIN, ROSE M
STREET ADDRESS 3804 BAINBRIDGE AVE
CITY-ST-ZIP ORLANDO FL

5.1 TITLE Director ☒ Change ☐ Addition
5.2 NAME Doretta Stevens
5.3 STREET ADDRESS 1407 Quailey Av.
5.4 CITY-ST-ZIP Orlando, Fl. 32804

TITLE P ☒ DELETE
NAME TAYLOR, LORENE
STREET ADDRESS 1303 RIDGECREST RD
CITY-ST-ZIP ORLANDO FL

6.1 TITLE Treasurer ☒ Change ☐ Addition
6.2 NAME Rose Marie Martin
6.3 STREET ADDRESS 3804 Bainbridge Av.
6.4 CITY-ST-ZIP Orlando, Fl. 32839

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 as changed, or on an attachment with an address.

SIGNATURE:

Berylene Wagner

Berylene Wagner

4/12/96

(407) 425-0597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)