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FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **700861** (8)

1. Corporation Name

PILOT CLUB OF ORLANDO-WINTER PARK, INC.

Principal Place of Business

Mailing Address

**1407 QUAILEY AVE.
ORLANDO FL 32853
US**

**P.O. BOX 536442
ORLANDO FL 32853-6442
US**



2. Principal Place of Business		25. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	28 City & State
22 City & State	29 Zip	30 Country	31 Country

3. Date Incorporated or Qualified 04/26/1960	3a. Date of Last Report 04/17/1996
4. FEI Number 59-2077904	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BERYLENE WAGNER
2053 SIESTA LANE
ORLANDO FL 32804**

10. Name and Address of New Registered Agent

81 Name Berylene Wagner
82 Street Address (P.O. Box Number is Not Acceptable) 2053 Siesta Lane
83
84 City Orlando
85 Zip Code FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	CAROLYN ALLEN
STREET ADDRESS	8657 EL PORTAL CT.
CITY - ST - ZIP	ORLANDO FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	BERYLENE WAGNER
STREET ADDRESS	2053 SIESTA LANE
CITY - ST - ZIP	ORLANDO FL
TITLE	S <input type="checkbox"/> DELETE
NAME	ATKINS, NELL M
STREET ADDRESS	1407 QUAILEY AVENUE
CITY - ST - ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MARIE WILLIAMS
STREET ADDRESS	340 JENNIE JEWEL DR.
CITY - ST - ZIP	ORLANDO FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DORETTA STEVENS
STREET ADDRESS	1407 QUAILEY AVE.
CITY - ST - ZIP	ORLANDO FL
TITLE	T <input type="checkbox"/> DELETE
NAME	ROSE MARIE MARTIN
STREET ADDRESS	3804 BAINBRIDGE AVE.
CITY - ST - ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Berylene Wagner
1.3 STREET ADDRESS	2053 Siesta Lane
1.4 CITY - ST - ZIP	Orlando, FL 32804
2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Betty Rizzi
2.3 STREET ADDRESS	528 Etna Court, #106
2.4 CITY - ST - ZIP	Casselberry, FL 32707
3.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Nell Atkins
3.3 STREET ADDRESS	1407 Quailley Ave
3.4 CITY - ST - ZIP	Orlando, FL 32804
4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Marie Williams
4.3 STREET ADDRESS	340 Jennie Jewel Dr.
4.4 CITY - ST - ZIP	Orlando, FL 32806
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Helen Belbeck
5.3 STREET ADDRESS	255 Orange Terrace Dr.
5.4 CITY - ST - ZIP	Winter Park, FL 32789
6.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Rose Marie Martin
6.3 STREET ADDRESS	3804 Bainbridge Ave.
6.4 CITY - ST - ZIP	Orlando, FL 32839

14. I do 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: Rose Marie Martin 4-30-97 407-438-3656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0017817

CR2E037 (9/96)