


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90128 024 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 700861					
1. Corporation Name PILOT CLUB OF ORLANDO-WINTER PARK, INC.					
Principal Place of Business 1407 QUAILEY AVE. ORLANDO FL 32853 US			Mailing Address P.O. BOX 536442 ORLANDO FL 32853 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/26/1960	
				4. FEI Number 59-2077904	
				Applied For 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	
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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TAYLOR, LORENE		1.2 NAME				
STREET ADDRESS	1303 RIDGECREST RD		1.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32806		1.4 CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RIZZI, BETTY		2.2 NAME				
STREET ADDRESS	528 ETNA CT. #106		2.3 STREET ADDRESS				
CITY-ST-ZIP	CASSELBERRY FL		2.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ATKINS, NELL M		3.2 NAME				
STREET ADDRESS	1407 QUAILEY AVENUE		3.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ALLEN, CAROLYN		4.2 NAME				
STREET ADDRESS	8657 EL PORTAL COURT		4.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32825		4.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BELBECK, HELEN		5.2 NAME	Wagner, Berylene			
STREET ADDRESS	255 ORANGE TERRACE DR.		5.3 STREET ADDRESS	2053 Siesta Lane			
CITY-ST-ZIP	WINTER PARK FL		5.4 CITY-ST-ZIP	Orlando, FL 32804			
TITLE	T	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	T	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROSE MARIE MARTIN		6.2 NAME	Stevens, Doretta			
STREET ADDRESS	3804 BAINBRIDGE AVE.		6.3 STREET ADDRESS	1407 Quatley Ave			
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP	Orlando, FL 32804			

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-99 407-895-4308

CR2E037 (11/98)