



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90061 023 ****61.25

DOCUMENT # 700873 1. Entity Name PILOT CLUB OF TITUSVILLE FLORIDA INC					
Principal Place of Business 4700 KEY LARGO DRIVE TITUSVILLE, FL 32780 US			Mailing Address P.O. BOX 1917 TITUSVILLE, FL 32781-8919 US		
2. Principal Place of Business - No P.O. Box # 2927 ELDER STREET Suite, Apt. #, etc. TITUSVILLE, FL City & State		3. Mailing Address P.O. BOX 1917 Suite, Apt. #, etc. TITUSVILLE, FL City & State			
Zip 32796		Country US		Zip 32781-8919	
Country USA		4. FEI Number 59-6173305		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03292008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent CAMACHO, JANET 4700 KEY LARGO DRIVE 32780, FL 32780			7. Name and Address of New Registered Agent Name ERWIN, JONDA Street Address (P.O. Box Number is Not Acceptable) 2927 ELDER STREET City TITUSVILLE FL Zip Code 32796		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Jonda Erwin</i> Jonda Erwin 2008-2009 President 4-11-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP SHAFFER, LORENE 190 E OLMSTEAD DR #F6 TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP CAMACHO, JANET 4700 KEY LARGO DRIVE TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE TAYLOR, EVELYN 2221 COUNTRY CLUB DR TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERWIN, JONDA 2927 ELDER STREET TITUSVILLE, FL 32796	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEDERSON, CAROL 4093 WOODLAND COURT MIMS, FL 32754	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PEDERSEN, CAROL Spelling correction of name only	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE JONES, JULIE 2518 KATHERINE COURT TITUSVILLE, FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS LINDA HENDRICKSON 3695 MIRIAM DRIVE TITUSVILLE, FL 32796-2939	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS ROBIN PORTA 26 FAIRGLEN DRIVE TITUSVILLE, FL 32796	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Carol Pedersen</i> Treasurer 4-11-08 321-267-4981 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					