

FILE NOW: FILING FEE IS \$61.25

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Jan 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700904 (6)

1. Corporation Name

PILOT CLUB OF TAMPA, FLORIDA, INC.



Principal Place of Business	Mailing Address
3316 CARRINGTON TAMPA FL 33611	3316 CARRINGTON TAMPA FL 33611-2730

3. Date Incorporated or Qualified 05/02/1960	3a. Date of Last Report 03/01/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

4. FEI Number 59-6161313	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	
MCALISTER, ELIZABETH 3316 CARRINGTON TAMPA FL 33611	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D KINNEY, JILL 111 E LAMBRIGHT TAMPA FL	1.1 TITLE	D MIDGETT, JOAN D. 10310 Carrollwood Ct. #36 Tampa, FL
NAME	T SMITH, JUANITA 8112 LYNN AVENUE TAMPA FL	1.2 NAME	D PRINDLE, EMI PO Box 6562, MacDill AFB Tampa 33608 N/A
STREET ADDRESS	D WHITE, KATHY 6308 N HABANA APT B TAMPA FL	1.3 STREET ADDRESS	P WHIDDEN, GENEVA 4030 Waring Dr. Tampa, FL 33610
CITY-ST-ZIP	D SUTTON, MARTHA 4418 CARROLLWOOD VILLAGE DRIVE TAMPA FL	1.4 CITY-ST-ZIP	PE WALDBART, ELAINE 3817 N. Oak Dr #H 22 Tampa, FL 33611
TITLE	PE WHIDDEN, GENEVA 4030 WARING AVENUE TAMPA FL	2.1 TITLE	
NAME	P MIDGETT, JOAN D. 10310 CARROLLWOOD COURT #36 TAMPA FL	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Juanita A. Smith 14 JAN 97 (813) 935-3876  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047870

CR2E037 (9/96)