

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90074 027 \*\*\*\*61.25

0050367

DOCUMENT # 700904

1. Corporation Name

PILOT CLUB OF TAMPA, FLORIDA, INC.

Principal Place of Business

3316 CARRINGTON  
TAMPA FL 33611

Mailing Address

3316 CARRINGTON  
TAMPA FL 33611



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/02/1960

4. FEI Number

59-6161313

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

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

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

TITLE PE ☐ DELETE  
NAME PRINDLE, EMI  
STREET ADDRESS PO BOX 6562, MACDILL AFB  
CITY-ST-ZIP TAMPA FL

TITLE T ☐ DELETE  
NAME MCALISTER, ELIZABETH  
STREET ADDRESS 3316 CARRINGTON ST  
CITY-ST-ZIP TAMPA FL

TITLE D ☒ DELETE  
NAME LEVINES, MARY  
STREET ADDRESS 4209 OBISPO  
CITY-ST-ZIP TAMPA FL

TITLE P ☐ DELETE  
NAME WALDBART, ELAINE  
STREET ADDRESS 3817 N OAK DR #H22  
CITY-ST-ZIP TAMPA FL

TITLE D ☒ DELETE  
NAME WHIDDEN, GENEVA  
STREET ADDRESS 4030 WARING DR  
CITY-ST-ZIP TAMPA FL

TITLE D ☒ DELETE  
NAME DAVIS, MARJORIE  
STREET ADDRESS 10404 BUTLA PL  
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE Biegert, Dorothy ☐ Change ☒ Addition  
3.2 NAME 3804 Shoreside Circle  
3.3 STREET ADDRESS Tampa, FL  
3.4 CITY-ST-ZIP

4.1 TITLE D ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE D Erk, Louise ☐ Change ☒ Addition  
5.2 NAME 4315 Aegean Dr. #154C  
5.3 STREET ADDRESS Tampa, FL  
5.4 CITY-ST-ZIP

6.1 TITLE PE ☐ Change ☒ Addition  
6.2 NAME White, Kathy  
6.3 STREET ADDRESS 6308 N Habana Apt. B  
6.4 CITY-ST-ZIP TAMPA FL

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)