


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-14-2008 90025 007 ****61.25

| | | | | | |
|--|---|--|---|--|--|
| DOCUMENT # 701107 1. Entity Name PILOT CLUB OF DEFUNIAK SPRINGS FLORIDA, INC. | | | |  | |
| Principal Place of Business 580 TWIN LAKE DR DEFUNIAK SPRINGS, FL 32433 US | | | Mailing Address P O BOX 82 DEFUNIAK SPRINGS, FL 32435 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 4. FEI Number 58-0386983 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 07112008 Chg-NP CR2E037 (12/06) | |
| 6. Name and Address of Current Registered Agent PETERS, VONNIE C 580 TWIN LAKE DR DEFUNIAK SPRINGS, FL 32433 | | | 7. Name and Address of New Registered Agent Name FRIZZELL, PAMELA Street Address (P.O. Box Number is Not Acceptable) 580 TWIN LAKES DR City DEFUNIAK SPRINGS FL Zip Code 32433 | | |
| 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 <u>PAMELA M FRIZZELL Pamela M Frizzell</u> 7/11/08 <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 September 12, 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 | P SKIPPER, RHONDA 380 CAT ISLAND RD DEFUNIAK SPRINGS, FL 32433 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT RINKER, HOWARD 3075 SPRING LAKE RD DEFUNIAK SPRINGS FL 32433 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PE RINKER, HOWARD 3075 SPRING LAKE RD DEFUNIAK SPRINGS, FL 32433 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT ELECT FRIZZELL SONDRRA 233 AERO DR DEFUNIAK SPRINGS FL 32433 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SENN, ANNETTE 1244 MOCCASSIN FORKS RD PONCE DE LEON, FL 32455 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOLDEN, SANDRA 1038 MCDANIEL RD WESTVILLE, FL 32464 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | RECORDING SECRETARY FARRIS, MONICA 11 SOUTH PLEASANT DR DEFUNIAK SPRINGS FL 32435 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | RS FIZZELL, SONDRRA 233 AERO DR DEFUNIAK SPRINGS, FL 32433 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER FRIZZELL PAMELA 580 TWIN LAKES DR DEFUNIAK SPRINGS FL 32433 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CS POLO, KELLY 14 PINEHILL DR DEFUNIAK SPRINGS, FL 32435 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input 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: <u>PAMELA M FRIZZELL Treasurer</u> 7/11/08 850-892-9637 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |