2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 16, 2006 8:00 am Secretary of State

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DOCUMENT # 701460 1. Entity Name PILOT CLUB OF OCALA FLORIDA INC						02-16-2006 90057 024 ****6							
Principal Place of Business 4527 SE FORT KING STREET OCALA, FL 34470 US			P 0	Mailing Address P O BOX 4323 OCALA, FL 34478 US							f Blæit Blæit Blæis	DEDIKUDI DU IDDI	
2. Principal Place of Business			3. Mai	3. Mailing Address									
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				01232006	Chg-NP	CR28	E037 (11/05)	
City & State			Ci	City & State					298			Applied For Not Applicable	- -
Zip		Country	Zi	Zip		Country		5. Certificate of	Status Desired		\$8.75 A	dditional	
	6. Name ar	nd Address of Curren	t Register	ed Agent		T		7. Name and A	ddress of New	Registers	ed Acent		┪
MILLER, C		10 7 00 01 00 1101	. regiotor	ou Agone		Name		7. Name and A	adiess of New	registere	a Agent		1
MILLER, CLARA 4527 SE FORT KING STREET OCALA, FL 34470							Street Address (P.O. Box Number is Not Acceptable)						
						City					Zip C	ode	-
						ed affine or			in the State of F	-	_	h, and accent	•
8. The above the obligat	e named entity si tions of registere	ubmits this statement f ed agent.	for the purp	oose of changing its	registeri	ea onice or	register	ed agent, or both,	iii ole etate et i	ionua. Ta	Intraspondi Wi	, aa accopt	
8. The above the obligat	e named entity so ations of registere	ubmits this statement : ed agent.	for the purp	oose of changing its	register	ed onice of	register	ed agent, or both,	in the state of t	ionua. Ta	ann amanar wi	,	:
The above the obligate SIGNATURE	itions of registere	ed agent.								.,,			:
the obligat	itions of registere	ubmits this statement fed agent. printed name of registered agen						when reinstating)		DAT			
the obligat	itions of registere	printed name of registered ager is \$61.25			E: Registere	d Agent signati				DAT Make che		• to	:
the obligat	Signature, typed or p	printed name of registered ager is \$61.25 y 1, 2006	nt and title if app	9. Election Cal Trust Fund (E: Registere mpaign F Contributi	d Agent signati	ure required	\$5.00 May Be Added to Fees	Flo	DAT Make che prida Dep	eck payable	to State	:
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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 flostee 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.

CITY-ST-ZIP

SIGNATURE:

OCALA, FL 34470