


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90024 043 ****61.25

DOCUMENT # 701460 1. Entity Name PILOT CLUB OF OCALA FLORIDA INC					
Principal Place of Business 4527 SE FORT KING STREET OCALA, FL 34470 US			Mailing Address P O BOX 4323 OCALA, FL 34478 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6173298	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, CLARA 4527 SE FORT KING STREET OCALA, FL 34470				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For Not Applicable	
SIGNATURE _____ <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	P SUSAN, SAUNDERS 4440 SE 62ND STREET OCALA, FL 34480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. CYNTHIA WILLIAMS 5561 N.E. 4 ST. OCALA, FL 34470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, CINDY 5561 NE 4TH STREET OCALA, FL 34470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. MARY PURDY 5400 N.W. 26 LANE OCALA, FL 34482	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS REISS, RUTHANNE 14028 NW HWY 464-B MORRISTON, FL 32668	TITLE NAME STREET ADDRESS CITY-ST-ZIP	R.S. BARBARA HASSEN 5180 S.W. 84 ST. OCALA, FL 34476	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORSO, JOYCE 2093 NW 50TH CIRCLE OCALA, FL 34482	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. CAROL CARPENTER 1936 CLATTER BRIDGE ROAD OCALA, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANZI, REGINA 875 SE 170TH STREET SUMMERFIELD, FL 34491	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. SUSAN SAUNDERS 4440 S.E. 62 ST. OCALA, FL 34480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, CONNIE 4040 SE 3RD ST OCALA, FL 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. KAREN REID 14020 N.W. HWY 225-A REDDICK, FL 32686	<input checked="" 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>Karen Reid, Karen Reid</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/10/08</u>		Daytime Phone # <u>(352) 591-2438</u>