
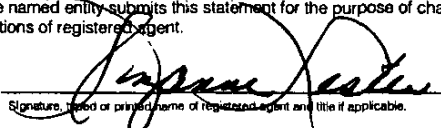
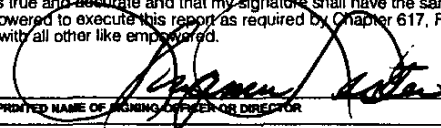


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90061 031 \*\*\*\*61.25

<b>DOCUMENT # 702067</b> 1. Entity Name <b>PILOT CLUB OF NAPLES INC</b>					
Principal Place of Business <b>P.O BOX 8674 NAPLES, FL 34101 US</b>			Mailing Address <b>P.O BOX 8674 NAPLES, FL 34101 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State  Zip                      Country			
4. FEI Number <b>59-6151377</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JAKLITCH, HAZEL W 293 THIRD STREET BONITA SPRINGS, FL 34134</b>			7. Name and Address of New Registered Agent Name <b>SUZANNE LESTER</b> Street Address (P.O. Box Number is Not Acceptable) <b>11679 LONGSHORE WAY</b> <b>Naples, FL 34119</b> City <b>FL</b> Zip Code		
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  DATE <b>4-6-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JAKLITCH, HAZEL W</b> <b>293 THIRD STREET</b> <b>BONITA SPRINGS, FL 34134</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LESTER, SUZANNE</b> <b>11679 LONGSHORE WAY</b> <b>NAPLES, FL 34119</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LESTER, SUZANNE</b> <b>1061 COLLINS CENTER WAY</b> <b>NAPLES, FL 34112</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>RUTH FRALICK</b> <b>4469 BEECHWOOD LAKE DR.</b> <b>NAPLES, FL 34112</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KOY, MARY ELLEN</b> <b>2990 39TH STREET SW</b> <b>NAPLES, FL 34117</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Koy, MARY ELLEN</b> <b>2990 39th ST. SW.</b> <b>NAPLES, FL 34117</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GOODWIN, LYNN</b> <b>20250-3 GOLDEN PANTHER DR</b> <b>ESTERO, FL 33928</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MARILYN Lewis</b> <b>1096 ROYAL PALM DRIVE</b> <b>NAPLES, FL 34103</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEBAUN, TERRI</b> <b>2289 ROYAL LANE</b> <b>NAPLES, FL 34112</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANITA ELDER</b> <b>P.O. Box 10344</b> <b>NAPLES, FL 34101</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEPIRO, ELYSE</b> <b>2200 KING ARTHUR COURT</b> <b>NAPLES, FL 34112</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Josephine DAVIS</b> <b>154 Round Key Circle</b> <b>NAPLES, FL 34112</b>	<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:  DATE <b>4-6-07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					