2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702067

Apr 29, 2009 Secretary of State

Entity Name: PILOT CLUB OF NAPLES INC

Current Principal Place of Business: New Principal Place of Business:

P.O BOX 8674

NAPLES, FL 34101 US

Current Mailing Address: New Mailing Address:

P.O BOX 8674

NAPLES, FL 34101 US

FEI Number: 59-6151377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEWIS, MARILYN 1096 ROYAL PALM DR NAPLES, FL 34103

OFFICERS AND DIRECTORS:

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

FRALICK, RUTH FRALICK, RUTH Name: Name:

4469 BEECHWOOD LAKE DR. Address: 4469 BEECHWOOD LAKE DR. Address:

City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112

Title: Title: (X) Change () Addition () Delete

Name: LESTER, SUZANNE Name: KOY, MARY ELLEN Address: 11679 LONGSHORE WAY Address: 2990 39TH ST SW City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34117

Title: () Delete Title: () Change () Addition

LEWIS, MARILYN Name: Name: 1096 ROYAL PALM DR Address: Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip:

Title: () Delete Title: () Change () Addition

Name: DEPIRO, ELYSE Name: 2200 KING ARTHUR CRT Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

KOY, MARY ELLEN DICKERSON, EVELYN Name: Name: 2990 39TH ST SW 4158 KATHY AVE Address: Address: City-St-Zip: NAPLES, FL 34117 City-St-Zip: NAPLES, FL 34104

Title: () Delete Title: (X) Change () Addition GHERRE, ROBERTA DICKERSON, PAULETTE Name: Name:

Address: 28523 CHIANTI TERR Address: 3552 POINSETTA AVE APT A-3

BONITA SPRINGS, FL 34135 NAPLES, FL 34104 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN LEWIS Т 04/29/2009