


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90228 025 ****70.00

DOCUMENT # 706221 1. Entity Name PILOT CLUB OF SOUTH BREVARD, INC.					
Principal Place of Business 4120 ELDORADO WAY MELBOURNE, FL 32934 US			Mailing Address 4120 ELDORADO WAY MELBOURNE, FL 32934 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-6173302	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCMILLEN, MARY JANE 4120 ELDORADO WAY MELBOURNE, FL 32934				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>Mary Jane McMillen</u> Mary Jane McMillen, President 4-29-06 <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, 2006		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 MCMILLEN, MARY JANE 24120 ELDORADO WAY MELBOURNE, FL 32934	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE MCMILLEN, JANE M 4120 ELDORADO WAY MELBOURNE, FL 32934	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE Jean Urie 3368 Lake View Circle Melbourne, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAUGHERTY, LYNN 566 SACRE COEUR DR. MELBOURNE, FL 32935	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Valerie Cronin 4535 Willow Bend Dr. Melbourne, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOLFF, RENEE 339 MARKLEY CT INDIALANTIC HARBOR BEACH, FL 32937	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Darlene Chrest-Wagner 4651 W. Eau Gallie Blvd. Lot #62 Melbourne, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TEBBE, PATRICIA 1012 SPANISH WELLS DR. MELBOURNE, FL 32940	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Patricia Tebbe 1012 Spanish Wells Dr. Melbourne, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKS, PATRICIA 351 CYPRESS ST. INDIALANTIC, FL 32903	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kelly Deutsch 707 John Adams Lane West Melbourne, FL 32904
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>Darlene L. Chrest-Wagner</u> Darlene L. Chrest-Wagner, Treas. 821-842-1206 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					