

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortram
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **715999** (9)

1. Corporation Name
PABLO PILOT CLUB OF JACKSONVILLE BEACHES, INC.

MAY -1 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1001 N. 8TH STREET P.O. BOX 50332 JACKSONVILLE BEACH FL 32240

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/06/1969	3a. Date of Last Report 04/26/1994
4. FEI Number 59-1027220	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent
**JOHNSTON, ALYCE P.
360 THIRD STREET
ATLANTIC BEACH FL 32233**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (Typed or printed name of registered agent after filing of it) (Type Registered Agent Signature Required when Applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME DOERR, JACKIE STREET ADDRESS 412 COOPERS COVE ROAD CITY, ST, ZIP ST. AUGUSTINE FL	11 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME Barbara Daughenbaugh 13 STREET ADDRESS 517 VALLEY FORGE RD. E. 14 CITY, ST, ZIP NEPTUNE BEACH FL 32266
TITLE V	NAME STONE, RUBY STREET ADDRESS 1001 N. 8TH STREET CITY, ST, ZIP JACKSONVILLE FL	21 TITLE VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	22 NAME PATRICIA SARVER 23 STREET ADDRESS 3558 EUNICE RD. 24 CITY, ST, ZIP JACKSONVILLE BEACH FL 32250
TITLE ST	NAME JOHNSTON, ALYCE STREET ADDRESS 360 THIRD STREET CITY, ST, ZIP ATLANTIC BEACH FL	31 TITLE SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition	32 NAME Alyce Johnston 33 STREET ADDRESS 360 THIRD ST 34 CITY, ST, ZIP ATLANTIC BEACH FL 32233
TITLE D	NAME DAUGHENBAUGH, BARBARA STREET ADDRESS 517 VALLEY FORGE ROAD EAST CITY, ST, ZIP NEPTUNE BEACH FL	41 TITLE TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	42 NAME Brenda Snyder 43 STREET ADDRESS 521 Lighthouse CT 44 CITY, ST, ZIP NEPTUNE BEACH FL 32266
TITLE D	NAME SARVER, PAT STREET ADDRESS 3558 EUNICE ROAD CITY, ST, ZIP JACKSONVILLE FL	51 TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	52 NAME JACKIE DOERR 53 STREET ADDRESS 412 COOPERS COVE RD 54 CITY, ST, ZIP ST AUGUSTINE FL 32095
TITLE D	NAME CRUZ, ELSA STREET ADDRESS 107 ISLAND DRIVE CITY, ST, ZIP PONTE VEDRA BEACH FL	61 TITLE DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition	62 NAME ELSA CRUZ 63 STREET ADDRESS 107 ISLAND DRIVE 64 CITY, ST, ZIP PONTE VEDRA BEACH FL 32082

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Brenda Snyder* **BRENDA SNYDER** 4/25/95 904 241-9460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR