

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716305

FILED
Apr 23, 2009
Secretary of State

Entity Name: PILOT CLUB OF PALATKA, INC.

Current Principal Place of Business:

P.O. BOX 2202
PALATKA, FL 32178

New Principal Place of Business:

755 HWY 17 SOUTH
SAN MATEO, FL 32187

Current Mailing Address:

P.O. BOX 2202
PALATKA, FL 32178

New Mailing Address:

FEI Number: 59-6173299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUMBO, WANDA
755 HWY 17 SOUTH
SAN MATEO, FL 32187 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PE () Delete
Name: DRIGGERS, BETSY
Address: 102 LAND ST
City-St-Zip: EAST PALATKA, FL 32131

Title: PE () Delete
Name: DORSEY, SHIRLEY
Address: 107 BOONE AVE
City-St-Zip: PALATKA, FL 32177

Title: VP () Delete
Name: CONNOR, MARY M
Address: 1222 S. 13TH ST
City-St-Zip: PALATKA, FL 32177

Title: SEC () Delete
Name: VANABLES, KAREN
Address: PO BOX 852
City-St-Zip: PALATKA, FL 32178

Title: T () Delete
Name: STUMBO, WANDA
Address: 755 HWY 17 SOUTH
City-St-Zip: SAN MATEO, FL 32187

Title: D () Delete
Name: NICHOLSON, MARILYN
Address: 103 III CARRIAGE TERRANCE
City-St-Zip: PALATKA, FL 32178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LYNDA, CRABILL
Address: PO BOX 163
City-St-Zip: PALATKA, FL 32178

Title: PE (X) Change () Addition
Name: LINDA, COONS
Address: 106 THICKET LN
City-St-Zip: PALATKA, FL 32177

Title: VP (X) Change () Addition
Name: CAROL, SNOW
Address: 218 CRYSTAL COVE DR
City-St-Zip: PALATKA, FL 32177

Title: SEC (X) Change () Addition
Name: SHIRLEY, DORSEY
Address: 107 BOONE AVE
City-St-Zip: PALATKA, FL 32177

Title: T (X) Change () Addition
Name: MOODY, LAVINIA
Address: PO BOX 1193
City-St-Zip: PALATKA, FL 32178

Title: () Change () Addition
Name:
Address:
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: LYNDA CRABILL

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date