FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:21

DOCUMENT # 725253 (9)

1. Corporation Name
PILOT CLUB OF GREATER PENSACOLA, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 413~~ PENSACOLA FL 32592	~~P.O. BOX 413~~ PENSACOLA FL 32592

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1973
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-1707112 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 181 Seminole Trail	26 181 Seminole Trail
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Pensacola Fla.	28 City & State: Pensacola Fla.
24 Zip: 32506 25 Country: USA	29 Zip: 32506 30 Country: USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

GIRDNER, JEAN
181 SEMINOLE TRAIL
PENSACOLA FL 32506

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President ☑ Change ☐ Addition
NAME	MALLOY, EVELYN	1.2 NAME	Coons, Merlease
STREET ADDRESS	4015 BURBANK DR	1.3 STREET ADDRESS	45 Manor Dr.
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Pensacola, Fla.
TITLE	PE	2.1 TITLE	P.E. ☑ Change ☐ Addition
NAME	COONS, MERLEASE	2.2 NAME	Moody, Linda
STREET ADDRESS	45 MANOR DR	2.3 STREET ADDRESS	2831 Via Roma Court
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	Gulf Breeze, Fl. 32561
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	GIRDNER, JEAN	3.2 NAME	
STREET ADDRESS	181 SEMINOLE TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BECKWORTH, PEGGY	4.2 NAME	
STREET ADDRESS	204 FAIRPOINT DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MCDAVID, VIRGINA	5.2 NAME	
STREET ADDRESS	1216 BAYOU BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, RUBY	6.2 NAME	
STREET ADDRESS	2420 BAYOU BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 2-13-95 904-453-3165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
or 904-455-4532

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