

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 725253 (9)**

1. Corporation Name

**PILOT CLUB OF GREATER PENSACOLA, INC.**



Principal Place of Business

**181 SEMINOLE TRAIL  
PENSACOLA FL 32506  
US**

Mailing Address

**181 SEMINOLE TRAIL  
PENSACOLA FL 32506  
US**

3. Date Incorporated or Qualified  
**01/11/1973**

3a. Date of Last Report  
**02/15/1995**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**29** Zip

**30** Country

4. FEI Number  
**59-1707112**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Ruby M Davis* **Ruby M DAVIS** Director

**4-28-96**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE  
NAME **COONS, MERLEASE**  
STREET ADDRESS **45 MANOR DRIVE**  
CITY - ST - ZIP **PENSACOLA FL**

TITLE **PE** ☐ DELETE  
NAME **MOODY, LINDA**  
STREET ADDRESS **2831 VIA ROMA COURT**  
CITY - ST - ZIP **GULF BREEZE FL**

TITLE **T** ☐ DELETE  
NAME **GIRDNER, JEAN**  
STREET ADDRESS **181 SEMINOLE TRAIL**  
CITY - ST - ZIP **PENSACOLA FL**

TITLE **D** ☐ DELETE  
NAME **BECKWORTH, PEGGY**  
STREET ADDRESS **204 FAIRPOINT DR**  
CITY - ST - ZIP **GULF BREEZE FL**

TITLE **D** ☐ DELETE  
NAME **MCDABID, VIRGINA**  
STREET ADDRESS **1216 BAYOU BLVD**  
CITY - ST - ZIP **PENSACOLA FL**

TITLE **D** ☐ DELETE  
NAME **DAVIS, RUBY**  
STREET ADDRESS **2420 BAYOU BLVD**  
CITY - ST - ZIP **PENSACOLA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☐ Addition  
1.2 NAME **MOODY, LINDA**  
1.3 STREET ADDRESS **2831 VIA ROMA Ct.**  
1.4 CITY - ST - ZIP **GULF BREEZE, FL 32561**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(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:

*Ruby M Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-96**

Date

**904 477 6860**

Daytime Phone #

CR2E037 (12/95)