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

FILED
95 MAR 29 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **734136** **(5)**

1. Corporation Name
PILOT CLUB OF LAKELAND, INC.

Principal Place of Business	Mailing Address
1356 W. LAKE BONNY DR W P.O. BOX 2055 LAKELAND FL 33801-2362	1356 W. LAKE BONNY DR W P.O. BOX 2055 LAKELAND FL 33801-2362

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1975
3a. Date of Last Report: 08/25/1994
4. FEI Number: 59-2128767 ☐ 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
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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

SHUMAN, ANN
1356 LAKE BONNY DR W
LAKELAND FL 33801

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	11 TITLE	☐ Change ☐ Addition
NAME	SKOKAN, OLGA E.	12 NAME	
STREET ADDRESS	1323 LAKE BONNY DR. W.	13 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	SHUMAN, ANN	22 NAME	
STREET ADDRESS	1356 W. LAKE BONNY DR.	23 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	HACKING, MARTHA	32 NAME	
STREET ADDRESS	401 N. BELVEDERE	33 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BROWN, BETTY	42 NAME	
STREET ADDRESS	3706 PALM RD	43 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	CORNELIUS, DELORES	52 NAME	
STREET ADDRESS	6219 SOMMERSET W.	53 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	HACKING, MARTHA	62 NAME	
STREET ADDRESS	401 W BELVEDERE	63 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	64 CITY-ST-ZIP	

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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: Martha J. Hacking Treasurer 2-16-95 (813) 686-3153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARTHA J. HACKING

KC

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