

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90042 026 ****61.25

DOCUMENT # 734982 1. Entity Name PILOT CLUB OF PORT OF JACKSONVILLE, INC.					
Principal Place of Business 4408 MONUMENT PT DR JACKSONVILLE, FL 32225 US				Mailing Address P.O. BOX 550885 JACKSONVILLE, FL 32255 US	
2. Principal Place of Business - No P.O. Box # 6533 Todd Rd		3. Mailing Address Suite, Apt. #, etc.			
City & State Jax, FL		City & State			
Zip 32216		Country Duval		Zip Country	
6. Name and Address of Current Registered Agent CARTER, SUSAN E 4408 MONUMENT PT DR JACKSONVILLE, FL 32225				7. Name and Address of New Registered Agent Name Betty Waggoner Street Address (P.O. Box Number is Not Acceptable) 6533 Todd Rd City Jax FL Zip Code 32216	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Betty Waggoner DATE 8/29/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LASSITER, LIZ <input checked="" type="checkbox"/> Delete 1331 FIRST ST NORTH SUITE 702 JACKSONVILLE BEACH, FL 32250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BE SMITH, MARGARET <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1424 Belmonte Ave Jacksonville FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE WARREN, LOUISE <input checked="" type="checkbox"/> Delete 950 ARBOR LN JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUY, MARIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2807 Randy Rd Jacksonville FL 32216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, CAROL <input type="checkbox"/> Delete 4131 TROUT RIVER BLVD JACKSONVILLE, FL 32208		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Miller, Carol <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARTER, SUSAN <input type="checkbox"/> Delete 4408 MONUMENT PT DR JACKSONVILLE, FL 32225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carter, Susan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOOK, DIANE <input type="checkbox"/> Delete 4335 KIN CARDINE DR JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WAGGONER, BETTY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6533 Todd Road Jacksonville FL 32216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KICS, KELLY <input checked="" type="checkbox"/> Delete 1190 ROMAINE CIR EAST JACKSONVILLE, FL 32225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Carol Miller Date July 7, 2007 Daytime Phone # 904 356 8371 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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