

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2008 8:00 am**  
**Secretary of State**

08-15-2008 90002 028 \*\*\*\*61.25

<b>DOCUMENT # 734982</b> 1. Entity Name <b>PILOT CLUB OF PORT OF JACKSONVILLE, INC.</b>					
Principal Place of Business <b>6533 TODD ROAD JACKSONVILLE, FL 32216 US</b>			Mailing Address <b>P.O. BOX 550885 JACKSONVILLE, FL 32255 US</b>		
2. Principal Place of Business - No P.O. Box # <b>4149 TROUT RIVER BLVD</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>JACKSONVILLE, FL</b>		City & State		4. FEI Number <b>59-6211603</b>	
Zip <b>32208</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> - <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WAGGONER, BETTY 6533 TODD ROAD JACKSONVILLE, FL 32216</b>			7. Name and Address of New Registered Agent Name <b>LOIS SALAUN</b> Street Address (P.O. Box Number is Not Acceptable) <b>4149 TROUT RIVER BLVD</b> City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32208</b>		
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 <u><i>Lois M. Salaun</i></u> <b>TREASURER</b> <span style="float: right;">8-13-08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PE SMITH, MARGARET 1424 BELMONT AVE JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GUY, MARIA 2807 RANDY RD JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MILLER, CAROL 4131 TROUT RIVER BLVD JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARTER, SUSAN 4408 MONUMENT PT DR JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHOOK, DIANE 4335 KIN CARDINE DR JACKSONVILLE, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WAGGONER, BETTY 6533 TODD ROAD JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SALAUN, LOIS 4149 TROUT RIVER BLVD JACKSONVILLE, FL 32208	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD 	<input checked="" 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.					
<b>SIGNATURE:</b> <u><i>Lois M. Salaun</i></u> <b>TREAS</b> <span style="float: right;"><b>LOIS M. SALAUN</b> 904 343-2020</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					