2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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

DOCUMENT # 734982 1. Enlity Name PILOT CLUB OF PORT OF JACKSONVILLE, INC.				08-1	.5-2008 90002	028 ****61.2	.5		
6533 TODD ROAD P.O. BOX		Mailing Address P.O. BOX 550885 JACKSONVILLE, FL 3225	X 550885		••				
2. Principal Place of Business - No P.O. Box # 3. 1 4149 TROUT RIVERBLUD		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			08122008 Chg	g-NP CR2	E037 (12/06)		
City & State JACKSONVILLE, FL		City & State			4. FEI Number 59-6211603	 3		plied For t Applicable	
Zip 32208 & Country S		Zip	Country		5. Certificate of Status Desired 5. Certificate of Status Desired Fee Required				
	6. Name and Address of Current F	Registered Agent			7. Name and Addr	ess of New Registe		,	
WAGGONI	ED RETTY		Name	40	15 SALF	7UN			
WAGGONER, BETTY 6533 TODD ROAD			Street A	Street Address (P.O. Box Number is Not Acceptable) R BLVD					
JACKSONVILLE, FL 32216					1001	MIVER	DEVE		
			City	ACH	(SONVILL	- F	FL Zip Cord	208	
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 SALOWN, TREASURER 8-13-08									
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE)	Registerød Agent signat	nte lediniseq	when reinstating)	D/	ATE		
Di	Filing Fee is \$61.25 ue by September 12, 2008	9. Election Camp Trust Fund Co	-		\$5.00 May Be Added to Fees		heck payable to epartment of St		
DI		Trust Fund Co	-		Added to Fees ADDITIONS/CHANGE	Fiorida De	epartment of St	ate	
10. TITLE	OFFICERS AND DIF	Trust Fund Co	11.		Added to Fees ADDITIONS/CHANGE	Fiorida De	epartment of St	ate	
10. TITLE NAME	OFFICERS AND DIF PE SMITH, MARGARET	Trust Fund Co	ontribution.		Added to Fees ADDITIONS/CHANGE	Fiorida De	epartment of St	ate 10	
10. TITLE	OFFICERS AND DIF	Trust Fund Co	11. IITLE NAME		Added to Fees ADDITIONS/CHANGE	Fiorida De	epartment of St	ate 10	
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIF PE SMITH, MARGARET 1424 BELMONT AVE	Trust Fund Co	Ontribution. 11. TITLE NAME STREET ADDRESS		Added to Fees ADDITIONS/CHANGE	Fiorida De	epartment of St	ate 10	
19. TITLE NAME STREET ADDRESS CITY - SI - 2IP TITLE NAME	OFFICERS AND DIF PE SMITH, MARGARET 1424 BELMONT AVE JACKSONVILLE, FL 32207 SD GUY, MARIA	Trust Fund Co	11. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P	Added to Fees ADDITIONS/CHANGE	Fiorida De	D DIRECTORS IN Change	ate 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIF PE SMITH, MARGARET 1424 BELMONT AVE JACKSONVILLE, FL 32207 SD GUY, MARIA 2807 RANDY RD	Trust Fund Co	11. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P	Added to Fees ADDITIONS/CHANGE	Fiorida De	D DIRECTORS IN Change	ate 10 Addition	
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Interest certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter (19). 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. LOIS M. SALAUN 904 343-2020 STEAS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _