2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734982

Jul 29, 2009 Secretary of State

Entity Name: PILOT CLUB OF PORT OF JACKSONVILLE, INC.

Current Principal Place of Business: New Principal Place of Business:

4149 TROUT RIVER BLVD JACKSONVILLE, FL 32208 US

Current Mailing Address: New Mailing Address:

P.O. BOX 550885

JACKSONVILLE, FL 32255 US

FEI Number: 59-6211603 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SALAUN, LOIS 4149 TROUT RIVER BLVD JACKSONVILLE, FL 32208 US

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete SMITH, MARGARET SMITH, MARGARET Name: Name: 1424 BELMONT AVE Address: 1424 BELMONT AVE Address:

City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32207

Title: SD () Delete Title: D (X) Change () Addition GUY, MARIA Name: GUY, MARIA Name:

Address: 2807 RANDY RD Address: 2807 RANDY RD City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216

Title: PD () Delete Title: (X) Change () Addition

MILLER, CAROL MILLER, CAROL Name: Name: 4131 TROUT RIVER BLVD 4131 TROUT RIVER BLVD Address: Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: JACKSONVILLE, FL 32208

Title: () Delete Title: D (X) Change () Addition

Name: CARTER, SUSAN Name: NOONEY, SHARON 4408 MONUMENT PT DR Address: Address: 1226 WOOD DUCK CT City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: FRUIT COVE, FL 32259

Title: () Delete Title: () Change () Addition

SALAUN, LOIS Name: Name: 4149 TROUT RIVER BLVD Address: Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

WAGGONER, BETTY DUBOVSKY, BETTY Name: Name: 6533 TODD ROAD 6533 TODD ROAD Address: Address: JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOIS M. SALAUN TD 07/29/2009