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

APPROVED AND FILED

95 MAY -2 AM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735224 ~~23-7251071~~

1. Corporation Name: PILOT CLUB OF ORMOND BEACH, INC.

3/11/76

Principal Place of Business	Mailing Address
450 TOMOKA AV #216 ORMOND BEACH, FL. 32174	P.O. BOX 1531 ORMOND BEACH FL. 32175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
3/11/76	4/20/94

4. FEI Number: 23-7251071 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent

Shirley Conte
450 Tomoka Ave. Suite 216
Ormond Beach, Fl. 32174

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

400001521394
-06/23/95--01009--013
****130.00 ****130.00

83 City FL 84 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: Shirley J Conte 5.16.95 SHIRLEY J CONTE PRESIDENT
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	President ☐ Change ☐ Addition
NAME	PREPRINTED FORM	12 NAME	Shirley Conte
STREET ADDRESS		13 STREET ADDRESS	450 Tomoka Ave. #216
CITY-ST-ZIP	FROM TALLAHASSEE	14 CITY-ST-ZIP	Ormond Beach, Fl. 32174
TITLE		21 TITLE	President Elect ☐ Change ☐ Addition
NAME	Never Received	22 NAME	Pat MacCarthy
STREET ADDRESS		23 STREET ADDRESS	420 Lakebridge Plaza Dr.
CITY-ST-ZIP		24 CITY-ST-ZIP	Ormond Beach, Fl. 32174
TITLE		31 TITLE	Recording Secretary ☐ Change ☐ Addition
NAME		32 NAME	Nancy Fanning
STREET ADDRESS		33 STREET ADDRESS	102 University Circle
CITY-ST-ZIP		34 CITY-ST-ZIP	Ormond Beach, Fl. 32176
TITLE		41 TITLE	Corresponding Secretary ☐ Change ☐ Addition
NAME		42 NAME	Joyce Bass
STREET ADDRESS		43 STREET ADDRESS	28 S.St.Andrews Dr.
CITY-ST-ZIP		44 CITY-ST-ZIP	Ormond Beach, Fl. 32174
TITLE	Director	51 TITLE	Director ☐ Change ☐ Addition
NAME	Shirley Beville	52 NAME	Betty Martin
STREET ADDRESS	26 Woodland Blvd	53 STREET ADDRESS	395 S. Atlantic Ave.
CITY-ST-ZIP	Ormond Beach, Fl. 32174	54 CITY-ST-ZIP	Ormond Beach, Fl. 32176
TITLE	Director	61 TITLE	Treasurer ☑ Change ☐ Addition
NAME	Tini Little (ESTHER)	62 NAME	Doris Daugherty
STREET ADDRESS	67 NICHOLAS CT	63 STREET ADDRESS	19 Park Terrace
CITY-ST-ZIP	ORMOND BEACH FL. 32176	64 CITY-ST-ZIP	Ormond Beach, Fl. 32174

5/21/95

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)(i), 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: Doris A. Daughterty Doris A. Daughterty 4/20/95 904-677-3708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RETYPED BY MAY 1