

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **735224** (8)

1. Corporation Name

**PILOT CLUB OF ORMOND BEACH, INC.**



Principal Place of Business <b>19 PARK TERRACE ORMOND BEACH FL 32174 US</b>	Mailing Address <b>19 PARK TERRACE ORMOND BEACH FL 32174 US</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 395 S. Atlantic #204</b> Suite, Apt. #, etc. <b>22 Ormond Beach, FL 32176</b> City & State <b>23</b>		2a. Mailing Address <b>26 395 S. Atlantic #204</b> Suite, Apt. #, etc. <b>27 Ormond Beach, FL 32176</b> City & State <b>28</b>		3. Date Incorporated or Qualified <b>03/11/1976</b>		3a. Date of Last Report <b>05/31/1996</b>	
4. FEI Number <b>23-7251071</b>		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent <b>DAUGHERTY, DORIS A 19 PARK TERRACE ORMOND BEACH FL 32174</b>		10. Name and Address of New Registered Agent <b>81 Name Martin, Betty L. 82 Street Address (P.O. Box Number is Not Acceptable) 395 S. Atlantic Av. #204 83 Ormond Beach 84 City 85 Zip Code FL 32176</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Betty L. Martin, Treas. Betty L. Martin, Treas. 8-22-97  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P COLEMAN, MILDRED 110-3 LIMWOOD PLACE ORMOND BEACH FL 32174</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P Pryor, Marion 143 Orchard Ln Ormond Beach, FL 32176</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PE PRYOR, MARION 143 ORCHARD LANE ORMOND BEACH FL 32176</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>PE Beville, Shirley 26 Woodland Blvd. Ormond Beach, FL 32174</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RS FANNING, NANCY 102 UNIVERSITY CIRCLE ORMOND BEACH FL 32176</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>SAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DAUGHERTY, DORIS A 19 PARK TERRACE ORMOND BEACH FL 32174</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>T Martin, Betty 395 S. Atlantic #204 Ormond Beach, FL 32176</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LITTLE, ESTHER 67 NICHOLAS CIRCLE ORMOND BEACH FL 32176</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>Same</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CONTE, SHIRLEY 450 TOMOKA AVE. APT 216 ORMOND BEACH FL 32174</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>D Mildred Coleman 110-3 Limewood Place Ormond Beach, FL 32174</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing 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 Betty L. Martin, Treas. Betty L. Martin, Treas. 8-22-97 9046736489  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE