

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **735224** (8)

1. Corporation Name

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



Principal Place of Business	Mailing Address
<b>395 S ATLANTIC #204 ORMOND BEACH FL 32176 US</b>	<b>395 S ATLANTIC #204 ORMOND BEACH FL 32176 US</b>

3. Date Incorporated or Qualified

**03/11/1976**

4. FEI Number

**23-7251071**

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt. #, etc.	26 Sulte, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTIN, BETTY L  
395 S ATLANTIC AVE  
#204  
ORMOND BEACH FL 32176**

81 Name

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

83

84 City

**FL**

85 Zip Code

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, Treasurer**

**Feb. 14, 1998**

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	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>COLEMAN, MILDRED</b>	
STREET ADDRESS	<b>110-3 LIMWOOD PLACE</b>	
CITY - ST - ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>PRYOR, MARION</b>	
STREET ADDRESS	<b>143 ORCHARD LANE</b>	
CITY - ST - ZIP	<b>ORMOND BEACH FL</b>	
TITLE	<b>RS</b>	<input type="checkbox"/> DELETE
NAME	<b>FANNING, NANCY</b>	
STREET ADDRESS	<b>102 UNIVERSITYH CIRCLE</b>	
CITY - ST - ZIP	<b>ORMOND BEACH FL 32176</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>DAUGHERTY, DORIS A</b>	
STREET ADDRESS	<b>19 PARK TERRACE</b>	
CITY - ST - ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LITTLE, ESTHER</b>	
STREET ADDRESS	<b>67 NICHOLAS CIRCLE</b>	
CITY - ST - ZIP	<b>ORMOND BEACH FL 32176</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CONTE, SHIRLEY</b>	
STREET ADDRESS	<b>450 TOMOKA AVE. APT 216</b>	
CITY - ST - ZIP	<b>ORMOND BEACH FL 32174</b>	

1.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PRYOR, MARION</b>	
1.3 STREET ADDRESS	<b>143 Orchard Lane</b>	
1.4 CITY - ST - ZIP	<b>Ormond Beach, Fl 32416</b>	
2.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>BEVILLE, SHIRLEY</b>	
2.3 STREET ADDRESS	<b>450 Tomoka Av.</b>	
2.4 CITY - ST - ZIP	<b>Ormond Beach, Fl; 32174</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>MARTIN, BETTY</b>	
4.3 STREET ADDRESS	<b>395 S. Atlantic Av.</b>	
4.4 CITY - ST - ZIP	<b>Ormond Beach, Fl 32176</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I 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*

*2-14-98*

CF2E037 (10/97)