

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 735224**

1. Corporation Name

PILOT CLUB OF ORMOND BEACH, INC.

Principal Plac	e of Business	Mailing Address				
395 S ATLANTIC #204 ORMOND BEACH FL 32176		395 S ATLANTIC #204 ORMOND BEACH FL 32176 US				
	Place of Business	2a. Mailing Address	30x 2873	3. Date Incorporated or Qualifed 03/11/1976	1	-
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	2011 0-0-2	4. FEI Number	App	ied For
22		27		23-7251071	Not	Applicable
City & Sta	te	City & State 28 OR-MO(VJ)	BEACH F	5. Certificate of Status Desired	\$8.75 A Fee Red	
Zip	Country	Zip	Country		\$5.00	•
24	25	29 32175		Trust Fund Contribution	Added to	Fees
	 Name and Address of Current 	Registered Agent		10. Name and Address of New Reg	jistere i Agent	
Martin. 395 s at	BETTY L LANTIC AVE		82 Street A	TAMOW PITOK Address (P.O. Box Number Is Not Acceptable 4.0 S - ATCITUTION A	DE	
#204			83			
ORMOND	BEACH FL 32176		84 City	DRMOWD BEACH	FL 85 Zip C	ode (76
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Stat	ures the above-named of	corporation submits this statement for the pur	rpose of changing its	ranistered
office or	registered agent, or both, in the State of am familiar with, and accept the obligati	of Florida. Such change was	authorized by the corpo	ration's board of directors. I hereby accept the	he appointment as reg	istered
agent. I a	am familiar with, and accept the obligati	of Florida. Such change was ions of, Section 617.0503, F	authorized by the corpo lorida Statutes.	ration's board of directors. Thereby accept to	не аррэнилен аз гед	istered
agent. a	am familiar with, and accept the obligati	ons of, Section 617.0503, F	authorized by the corpo lorida Statutes. Ti:: Registered Agent signature re	ration's board of directors. Thereby accept in	DATE DATE	
agent. a SIGNATURE	am familiar with, and accept the obligation of segmentary typed or printed name of registered agent OFFICERS AND	ons of, Section 617.0503, F and little if applicable. ORCODIRECTORS	authorized by the corpo lorida Statutes. Ti:: Registered Agent signature re	ration's board of directors. Thereby accept in quired when reinstating) ADDITIC NS/CHANGES TO OFFICE	DATE CERS / ND DIRECTOR	
agent. a SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 617.0503, F	Ti: Registered Agent signature re	ration's board of directors. Thereby accept in	DATE DATE	
agent. a SIGNATURE 12. IIILE NAME	Signature, typed or printed name of registered agent OFFICERS AND P COLEMAN, MILDRED	ons of, Section 617.0503, F and little if applicable. ORCODIRECTORS	Iterida Statutes. Ti:: Registered Agent signature re 13. 1.1 TITLE 1.2 NAME	ration's board of directors. Thereby accept in quired when reinstating) ADDITIC NS/CHANGES TO OFFICE	DATE CERS / ND DIRECTOR	
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agent. a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE	P COLEMAN, MILDRED 110-3 LIMEWOOD PLACE ORMOND BEACH FL 32174 P	ons of, Section 617.0503, F and little if applicable. ORCODIRECTORS	authorized by the corpolicinda Statutes. Ti:: Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ration's board of directors. Thereby accept in quired when reinstating) ADDITIC NS/CHANGES TO OFFICE	DATE CERS / ND DIRECTOR	S IN 12 ☐ Addition
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ORMOND BEACH FL 32174 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 suppliemental 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 recuired by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an adject of the corporation or the receiver or trustee empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

67 NICHOLAS CIRCLE

CONTE, SHIRLEY

ORMOND BEACH FL 32176

450 TOMOKA AVE. APT 216

DELETE

904 673 6

☐ Change

Addition

Apr 27, 1999 8:00 am § Secretary of State

04-27-1999 90022 038 ****61.25