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**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

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

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 735224**

1. Corporation Name

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

Principal Place of Business

395 S ATLANTIC  
 #204  
 ORMOND BEACH FL 32176  
 US

Mailing Address

395 S ATLANTIC  
 #204  
 ORMOND BEACH FL 32176  
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 P.O. Box 2873	03/11/1976
22 City & State	27 Suite, Apt. #, etc.	4. FEI Number
23 Zip Country	28 ORMOND BEACH FL	23-7251071
24	29 32175	30 US
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	MARION PRYOR
82 Street Address (P.O. Box Number is Not Acceptable)	143 S. ATLANTIC AVE
83	
84 City	ORMOND BEACH FL
85 Zip Code	32176

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

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	P <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, MILDRED	1.2 NAME	
STREET ADDRESS	110-3 LIMWOOD PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRYOR, MARION	2.2 NAME	
STREET ADDRESS	143 ORCHARD LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32416	2.4 CITY-ST-ZIP	
TITLE	RS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANNING, NANCY	3.2 NAME	
STREET ADDRESS	102 UNIVERSITYH CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SHIRLEY BEVILLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAUGHERTY, DORIS A	4.2 NAME	PRESIDENT
STREET ADDRESS	19 PARK TERRACE	4.3 STREET ADDRESS	WOODLANDS
CITY-ST-ZIP	ORMOND BEACH FL 32174	4.4 CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, ESTHER	5.2 NAME	
STREET ADDRESS	67 NICHOLAS CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTE, SHIRLEY	6.2 NAME	
STREET ADDRESS	450 TOMOKA AVE. APT 216	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

*Signature Required* 4-23-99 904673 6489