FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739338 (2)

1. Corporation Name
PILOT CLUB OF MARCO ISLAND, INC.

Principal Place of Business	Mailing Address
BOX 16 MARCO ISLAND FL 33969	BOX 16 MARCO ISLAND FL 33969

000001 718053
-02/15/96--01030--016
***61.25

3. Date Incorporated or Qualified	3a. Date of Last Report
06/13/1977	04/14/1995

2. Principal Place of Business	2a. Mailing Address
21 NONE	26 P.O. Box 16
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc
23 City & State	28 Marco Is. Fl.
24 Zip / 25 Country	29 Zip 33969 / 30 Country US

4. FEI Number: 23-7427438 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DERWIN, ANN M.
71 HICKORY CT.
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81 Name: Jimmie Ann Christian
82 Street Address (P.O. Box Number is Not Acceptable): 950 Scott Dr.
83
84 City: Marco Island FL 85 Zip Code: 33937

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: Jimmie Ann Christian 1-29-96
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	D	☐ DELETE	11 TITLE	RS	☐ Change ☑ Addition
NAME	VISSE, MARJA		12 NAME	Waters, Ann	
STREET ADDRESS	164 LANDMARK ST		13 STREET ADDRESS	292 Yellowbird St.	
CITY-ST-ZIP	MARCO ISLAND FL		14 CITY-ST-ZIP	Marco Island, Fl.	
TITLE	VP	☐ DELETE	21 TITLE	D	☑ Change ☑ Addition
NAME	WILLIAMS, SALLIE		22 NAME	Stein, Gayle	
STREET ADDRESS	867 CHESTNUT		23 STREET ADDRESS	800 Apple Ct.	
CITY-ST-ZIP	MARCO ISLAND FL		24 CITY-ST-ZIP	Marco Island, Fl.	
TITLE	TD	☐ DELETE	31 TITLE	D	☑ Change ☐ Addition
NAME	DERWIN, ANN		32 NAME	Derwin, Ann	
STREET ADDRESS	71 HICKORY CT.		33 STREET ADDRESS	71 Hickory ct.	
CITY-ST-ZIP	MARCO ISLAND FL		34 CITY-ST-ZIP	Marco Island, Fl	
TITLE	PE	☐ DELETE	41 TITLE	P	☑ Change ☐ Addition
NAME	MCCORMACK, KERIN		42 NAME	McCormack, Kerin	
STREET ADDRESS	1220 OSPREY CT.		43 STREET ADDRESS	1220 Osprey Ct.	
CITY-ST-ZIP	MARCO ISLAND FL		44 CITY-ST-ZIP	Marco Island, Fl.	
TITLE	P	☑ DELETE	51 TITLE	T	☑ Change ☐ Addition
NAME	SINCLAIR, DORIS		52 NAME	Christian, Jimmie Ann	
STREET ADDRESS	110 CLYBURN ST		53 STREET ADDRESS	950 Scott Dr.	
CITY-ST-ZIP	MARCO ISLAND, FL 0		54 CITY-ST-ZIP	Marco Island, Fl.	
TITLE	D	☑ DELETE	61 TITLE	D	☐ Change ☑ Addition
NAME	FRIZZELL, PATRICIA		62 NAME	Furfell, Jane	
STREET ADDRESS	1741 DOGWOOD DR		63 STREET ADDRESS	214 Meadowlark Ct.	
CITY-ST-ZIP	MARCO ISLAND FL		64 CITY-ST-ZIP	Marco Island, Fl.	

CR2E037 (12/95)

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)(k), 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: Jimmie Ann Christian 1-29-96 941-642-5243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #