

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33969BOX 16
MARCO ISLAND FL 34146-00163. Date Incorporated or Qualified
06/13/19773a. Date of Last Report
02/11/1996

4. FEI Number

23-7427438

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRISTIAN, JIMMIE A
950 SCOTT DR.
MARCO ISLAND FL 33937

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

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	RS	<input checked="" type="checkbox"/> DELETE
NAME	WATERS, ANN	
STREET ADDRESS	392 YELLOWBIRD ST	
CITY - ST - ZIP	MARCO ISLAND FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, SALLIE	
STREET ADDRESS	867 CHESTNUT	
CITY - ST - ZIP	MARCO ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DERWIN, ANN	
STREET ADDRESS	71 HICKORY CT.	
CITY - ST - ZIP	MARCO ISLAND FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MCCORMACK, KERIN	
STREET ADDRESS	1220 OSPREY CT.	
CITY - ST - ZIP	MARCO ISLAND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CHRISTIAN, JIMMIE A	
STREET ADDRESS	950 SCOTT DR	
CITY - ST - ZIP	MARCO ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PURCELL, JANE	
STREET ADDRESS	214 MEADOWBROOK CT	
CITY - ST - ZIP	MARCO ISLAND FL	

1.1 TITLE	RS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Daryl McCulley	
1.3 STREET ADDRESS	190 Ember Court	
1.4 CITY - ST - ZIP	Marco Island, FL. 34145	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gayle Stein	
2.3 STREET ADDRESS	800 Apple Court	
2.4 CITY - ST - ZIP	Marco Island, FL. 34145	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Andrea Nonneamacher	
3.3 STREET ADDRESS	1420 Cutler Court	
3.4 CITY - ST - ZIP	Marco Island, FL. 34145	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Joann Cahn	
4.3 STREET ADDRESS	801 S. Collier N-401	
4.4 CITY - ST - ZIP	Marco Island, FL. 34145	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	300002101903	
5.3 STREET ADDRESS	-03/03/97--01016--018	
5.4 CITY - ST - ZIP	***61.25	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D. Ann Popovici	
6.3 STREET ADDRESS	401 Grenada Ave.	
6.4 CITY - ST - ZIP	Naples, FL. 33962	

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: *Jimmie A. Christian*

Treasurer 2/19/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000000

CR2E037 (9/96)

941-389-1800