

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 12, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90167 034 \*\*\*\*61.25

**DOCUMENT # 739338**

1. Entity Name  
**PILOT CLUB OF MARCO ISLAND, INC.**



Principal Place of Business  
**P.O. BOX 18  
MARCO ISLAND FL 34148**

Mailing Address  
**P.O. BOX 16  
MARCO ISLAND FL 34148**

**55047712**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7427438**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZEIGLER, BRENDA  
20 TAHITI RD  
MARCO ISLAND FL 34145**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <b>VP</b>	NAME <b>CHRISTIAN, JIMMIE A</b>	STREET ADDRESS <b>1144 WHITEHEART CT</b>	CITY-ST-ZIP <b>MARCO ISLAND FL 34145</b>	<input type="checkbox"/> Delete
TITLE <b>DT</b>	NAME <b>UNNASCH, LILLIAN</b>	STREET ADDRESS <b>120 SANDHILL ST</b>	CITY-ST-ZIP <b>MARCO ISLAND FL 34145</b>	<input checked="" type="checkbox"/> Delete
TITLE <b>D</b>	NAME <b>DERWIN, ANN</b>	STREET ADDRESS <b>71 HICKORY CT</b>	CITY-ST-ZIP <b>MARCO ISLAND FL 34145</b>	<input type="checkbox"/> Delete
TITLE <b>S</b>	NAME <b>CECEMSKI, LYNN</b>	STREET ADDRESS <b>107 N SUNSET ST</b>	CITY-ST-ZIP <b>MARCO ISLAND FL 34145</b>	<input type="checkbox"/> Delete
TITLE <b>P</b>	NAME <b>ZEIGLER, BRENDA</b>	STREET ADDRESS <b>20 TAHITI RD</b>	CITY-ST-ZIP <b>MARCO ISLAND FL 34145</b>	<input type="checkbox"/> Delete
TITLE <b>D</b>	NAME <b>MURPHY, JUDITH</b>	STREET ADDRESS <b>315 COLONIAL</b>	CITY-ST-ZIP <b>MARCO ISLAND FL 34145</b>	<input checked="" type="checkbox"/> Delete

TITLE <b>PRESIDENT ELECT</b>	NAME <b>CHRISTIAN, JIMMIE A</b>	STREET ADDRESS <b>1144 WHITEHEART CT</b>	CITY-ST-ZIP <b>MARCO ISLAND FL 34145</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VICE PRESIDENT</b>	NAME <b>NORMA GRIFFIN</b>	STREET ADDRESS <b>180 SEAVIEW CT #413</b>	CITY-ST-ZIP <b>MARCO ISLAND, FL 34145</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>Corresponding Secretary</b>	NAME <b>DERWIN, ANN</b>	STREET ADDRESS <b>71 HICKORY CT</b>	CITY-ST-ZIP <b>MARCO ISLAND, FL 34145</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>Director</b>	NAME <b>Cecemski, Lynn</b>	STREET ADDRESS <b>107 N Sunset St</b>	CITY-ST-ZIP <b>MARCO ISLAND, FL 34145</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>Director</b>	NAME <b>Zeigler, Brenda</b>	STREET ADDRESS <b>20 Tahiti Rd</b>	CITY-ST-ZIP <b>MARCO ISLAND, FL 34145</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TREASURER</b>	NAME <b>Cynthia Apou</b>	STREET ADDRESS <b>730 W. ELKAM CIRCLE #304</b>	CITY-ST-ZIP <b>MARCO ISLAND, FL 34145</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on 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 (10/02)