2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

4/25

FILED May 20, 2004 8:00 am Secretary of State

DOCUMENT # 739545 1. Entity Name		A.		Secretary of State 04-29-2004 90304 037 ****61.25			
PILOT CLUB OF MANATEE COUNTY							
Principal Place of Business	Mailing Address	<u>.l.,</u>					
807 10TH AVE., WEST 807 10TH AVE., WEST PALMETTO FL 34221 US US			66	66423125			
2. Principal Place of Bysiness 27 11 73 22 Ct. W. 3. Mailing Address		· · · · · · · · · · · · · · · · · · ·					
Suite, Apt. #, etc. Suite, Apt. #, etc.		,	MOORE CR2E037 (11/03)				
Bradenton FL	City & State		4. FEI Number	59-6153243	 +	oplied For ot Applicable	
34219 Country A	Zip	Country	5. Certificate of	Status Desired	\$8.75 Add		
6. Name and Address of Current	Registered Agent		7. Name and Ac	dress of New Registere			
		Name		-			
FREE, JOAN C 2711 73RD CT W			Street Address (P.O. Box Number is Not Acceptable)				
BRADENTON FL 34209							
•		City	City FL Zip Code				
8. The above named entity submits this statement fo	r the purpose of changing its r	registered office or	registered agent, or both,	in the State of Florida. 1 a	m familiar with,	and accept	
the obligations of registered agent.							
SIGNATURE							
Signature, hyped or printed name of registered agent.	and title if applicable. (NOTE:	Registered Agent signatu	re required when reinstating)	DATI	<u> </u>		
FILE NOW: FEE IS \$61.25 Due By May 1: 2004	9. Election Carn Trust Fund Co	paign Financing ontribution,	\$5.00 May Be Added to Fees	Make Che Florida Dep	ck Payable artment of	THE PARTY OF THE P	
10. OFFICERS AND DIF	RECTORS	11.		GES TO OFFICERS AND		140	
TITLE RS DEY, LORRAINE	☐ Delete	MILE		•		1 10	
NAME OET, LOTHAINE STREET ADDRESS 5623 28TH ST WEST			President		Change	Addition	
CITY-ST-ZIP BRADENTON FL 34207		NAME	tresident		X Change		
TITLE D STAFFORD, JOAN			trecident		∑ Change		
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12. 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 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 MAKE OF SIGNING OFFICER OR DIRECTOR

5/14/04 941-145 8300