

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 739656 (7)
1. Corporation Name
FLORIDA DISTRICT INC. PILOT CLUB INTERNATIONAL.



Principal Place of Business
**1445 MITCHELL AVE
TALLAHASSEE FL 32303
US**

Mailing Address
**1445 MITCHELL AVE
TALLAHASSEE FL 32303
US**

3. Date Incorporated or Qualified
07/13/1977

3a. Date of Last Report
05/01/1995

4. FEI Number
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

2. Principal Place of Business
21 1402 Redbud Circle
Suite, Apt. #, etc.
22

2a. Mailing Address
26 1402 Redbud Circle
Suite, Apt. #, etc.
27

City & State
23 Plant City, FL
Zip Country
24 33566 25 US

City & State
28 Plant City, FL
Zip Country
29 33566 30 US

9. Name and Address of Current Registered Agent

**DIXON, DENE'
1445 MITCHELL AVE
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

81 Name Nancy Miller
82 Street Address (P.O. Box Number is Not Acceptable) 1402 Redbud Circle
83
84 City Plant City FL 85 Zip Code 33566

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 *Nancy Miller* **NANCY Miller Governor** **4/28/96**
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	VD XXX DELETE	1.1 TITLE	PD XX Change <input type="checkbox"/> Addition
NAME	DIXON, DENE'	1.2 NAME	MILLER, NANCY
STREET ADDRESS	1445 MITCHELL AVE	1.3 STREET ADDRESS	1402 Redbud Circle
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Plant City, FL 33566
TITLE	VD XX DELETE	2.1 TITLE	VD XX Change <input type="checkbox"/> Addition
NAME	MILLER, NANCY	2.2 NAME	WAGGONER, BETTY
STREET ADDRESS	1402 REDBUD CIRCLE	2.3 STREET ADDRESS	6533 Todd Road
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, LESLIE	3.2 NAME	
STREET ADDRESS	P.O. BO 41AA	3.3 STREET ADDRESS	
CITY-ST-ZIP	EARLTON FL	3.4 CITY-ST-ZIP	
TITLE	SD XX DELETE	4.1 TITLE	SD XX Change <input type="checkbox"/> Addition
NAME	DIXON, BARMELL	4.2 NAME	ROBERTS, ANN
STREET ADDRESS	P.O. BX 696 N/A	4.3 STREET ADDRESS	1602 South Park Rd.
CITY-ST-ZIP	BROOKSVILLE FL	4.4 CITY-ST-ZIP	Plant City, FL 33566
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Nancy Miller* **Nancy Miller - Governor** **4/28/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Date Daytime Phone #

CR2E037 (12/95)