

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90019 011 ****61.25

| | | | |
|--|--|---|--|
| DOCUMENT # 740151 1. Entity Name PILOT CLUB OF ORANGE PARK, FLORIDA, INC. | | | |
| Principal Place of Business 1632 PLAINFIELD AVENUE ORANGE PARK, FL 32073 US | | Mailing Address 1632 PLAINFIELD AVENUE ORANGE PARK, FL 32073 US | |
| 2. Principal Place of Business - No P.O. Box # 437 Blake Ave | | 3. Mailing Address 437 Blake Ave | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State ORANGE PARK FL | | City & State Orange Park, FL | |
| Zip 32073 | | Zip 32073 | |
| Country US | | Country US | |
| 4. FEI Number 51-0142658 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RINER, CHARLOTTE 1632 PLAINFIELD AVENUE ORANGE PARK, FL 32073 | | 7. Name and Address of New Registered Agent Name JANE CHAFIN Street Address (P.O. Box Number is Not Acceptable) 437 Blake Ave City Orange Park FL Zip Code 32073 | |
| 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 <small>Signature, typed or printed name of registered agent and fee if applicable.</small> | | JANE M. CHAFIN <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 T NAME RINER, CHARLOTTE STREET ADDRESS 1632 PLAINFIELD AVENUE CITY-ST-ZIP ORANGE PARK, FL 32073 | <input checked="" type="checkbox"/> Delete | TITLE TREASURER NAME JANE CHAFIN STREET ADDRESS 437 Blake Ave. CITY-ST-ZIP Orange Park, FL 32073 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE P NAME MEEHAN, PEGGY STREET ADDRESS 2014 WOODLAND DRIVE CITY-ST-ZIP ORANGE PARK, FL 32003 | <input type="checkbox"/> Delete | TITLE Vice President NAME Meehan, Peggy STREET ADDRESS 2014 WOODLAND Drive CITY-ST-ZIP ORANGE PARK, FL 32003 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VP NAME HAMMOND, JUDY STREET ADDRESS 2677 SHENANDOAH DRIVE SOUTH CITY-ST-ZIP ORANGE PARK, FL 32065 | <input type="checkbox"/> Delete | TITLE President NAME Hammond, Judy STREET ADDRESS 2677 Shenandoah Drive South CITY-ST-ZIP Orange Park, FL 32065 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE S NAME PROUTY, BROOKE STREET ADDRESS 1472 SILVER BELL LANE CITY-ST-ZIP ORANGE PARK, FL 32003 | <input checked="" type="checkbox"/> Delete | TITLE Secretary NAME Tower, Suzanne STREET ADDRESS 132 Heather Way CITY-ST-ZIP Orange Park, FL 32073 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: | | JANE M. CHAFIN 1/30/08 (904) 448-4700 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |