


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90210 025 \*\*\*\*61.25

<b>DOCUMENT # 740236</b>					
1. Entity Name PILOT CLUB OF GREATER GAINESVILLE, INC.					
Principal Place of Business 4903 NW 41ST STREET GAINESVILLE, FL 32606 US		Mailing Address 4903 NW 41ST STREET GAINESVILLE, FL 32606 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0211925	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRUMFIELD, JUDY 3257 NW 103 DRIVE GAINESVILLE, FL 32606				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUMFIELD, JUDY		NAME	Henderson, Joette	
STREET ADDRESS	3257 NW 103 DRIVE		STREET ADDRESS	1820 SW 86th Terrace	
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUNT, LAVELLE		NAME	Mount, Lavelle	
STREET ADDRESS	4903 NW 41ST STREET		STREET ADDRESS	4903 NW 41st St.	
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, BARBARA B		NAME	Hall, Barbara B	
STREET ADDRESS	2006 NW 27TH STREET		STREET ADDRESS	P.O. Box 358132	
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP	Gainesville, FL 32635	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STUMP, PATRICIA		NAME	Walker, Mary Kate	
STREET ADDRESS	8005 SW 42ND TERRACE		STREET ADDRESS	4102 NW 62nd Avenue	
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP	Gainesville, FL 32653	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSH, FAYE		NAME	Gotay, Mandy	
STREET ADDRESS	3312 NW 36TH STREET		STREET ADDRESS	3209 NW 41st Avenue	
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREY, RUBY		NAME	Cox, Cherie	
STREET ADDRESS	P.O. BOX 212		STREET ADDRESS	6746 Bedford Lake Rd	
CITY-ST-ZIP	SUWANNEE, FL 32692		CITY-ST-ZIP	Keystone Heights, FL 32656	
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.					
<b>SIGNATURE:</b> <i>Judy Brumfield</i>		Judy Brumfield, Treasurer 4/24/07		352-264-7203	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	