


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90062 046 ****61.25

DOCUMENT # 740236	
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 # 1820 SW 86th Terrace Suite, Apt. #, etc.	3. Mailing Address 1820 SW 86th Terrace Suite, Apt. #, etc.
---	---

04062008 Chg-NP CR2E037 (12/06)

City & State Gainesville, FL 32608	City & State Gainesville, FL 32608	4. FEI Number 59-0211925	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
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	
T NAME: BRUMFIELD, JUDY STREET ADDRESS: 3257 NW 103 DRIVE CITY-ST-ZIP: GAINESVILLE, FL 32606	<input type="checkbox"/> Delete	P NAME: Mary Kate Walker STREET ADDRESS: 4102 NW 62nd Avenue CITY-ST-ZIP: Gainesville, FL 32653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P NAME: MOUNT, LAVELLE STREET ADDRESS: 4903 NW 41ST STREET CITY-ST-ZIP: GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete	D NAME: Gotay, Mandy STREET ADDRESS: 3209 NW 41st Avenue CITY-ST-ZIP: Gainesville, FL 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME: HALL, BARBARA B STREET ADDRESS: 2006 NW 27TH STREET CITY-ST-ZIP: GAINESVILLE, FL 32605	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: HENDERSON, JOETTE STREET ADDRESS: 1820 SW 86TH TERRACE CITY-ST-ZIP: GAINESVILLE, FL 32608	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: BUSH, FAYE STREET ADDRESS: 3312 NW 36TH STREET CITY-ST-ZIP: GAINESVILLE, FL 32605	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: GREY, RUBY STREET ADDRESS: P.O. BOX 212 CITY-ST-ZIP: SUWANNEE, FL 32692	<input type="checkbox"/> Delete		<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: Judy Brumfield Judy Brumfield Treasurer 352-264-7203 4/8/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #