## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 740236**

Apr 17, 2009 Secretary of State

Entity Name: PILOT CLUB OF GREATER GAINESVILLE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1820 SW 86TH TERRACE GAINESVILLE, FL 32608 US

**Current Mailing Address: New Mailing Address:** 

1820 SW 86TH TERRACE GAINESVILLE, FL 32608 US

FEI Number: 59-0211925 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRUMFIELD, JUDY 3257 NW 103 DRIVE GAINESVILLE, FL 32606 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition BRUMFIELD, JUDY DUVALL, ELISA Name: Name:

3257 NW 103 DRIVE Address: 1914 SW 91 STREET Address: City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: GAINESVILLE, FL 32607

Title: ( ) Delete Title: () Change () Addition

GOTAY, MANDY Name: Name: Address: 3209 NW 41ST AVENUE Address: City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip:

Title: () Delete Title: () Change () Addition

HALL, BARBARA B Name: Name: 2006 NW 27TH STREET Address: Address: City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip:

( ) Delete Title: Title: () Change () Addition

Name: HENDERSON, JOETTE Name: 1820 SW 86TH TERRACE Address: Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

WALKER, MARY K TAYLOR, LESLIE Name: Name: 4102 NW 6ND AVENUE P.O. BOX 41 Address: Address: City-St-Zip: GAINESVILLE, FL 32653 City-St-Zip: EARLETON, FL 32631

Title: ( ) Delete (X) Change ( ) Addition GREY, RUBY CLARK, NANCY Name: Name: Address: P.O. BOX 212 Address: 1305 SW 6 AVENUE TRENTON, FL 32693 SUWANNEE, FL 32692 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

SIGNATURE: ELISA DUVALL Т 04/17/2009