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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # 741314 (9)

1. Corporation Name
PILOT CLUB OF BROOKSVILLE, FLORIDA, INC.

Principal Place of Business Mailing Address

20481 YONTZ RD
P. O. BOX 908
BROOKSVILLE FL 34601

20481 YONTZ RD
P. O. BOX 908
BROOKSVILLE FL 34601

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/09/1978 3a. Date of Last Report 03/10/1994

4. FEI Number 59-6153244 Applied For 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MLECKA, PHYLLIS
20481 YONTZ RD
BROOKSVILLE FL 34601

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	NOBLE, JACQUELYN	1.2 NAME	DICK, Lois
STREET ADDRESS	24411 CORTEZ BLVD.	1.3 STREET ADDRESS	515 Stafford Avenue
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP	Brooksville, FL 34601
TITLE	V	2.1 TITLE	P
NAME	ESTRIDGE, MARI-CELESTE	2.2 NAME	ESTRIDGE, Mari-Celeste
STREET ADDRESS	5431 PILLAR AVE.	2.3 STREET ADDRESS	5431 Pillar Avenue
CITY-ST-ZIP	SPRINGHILL FL	2.4 CITY-ST-ZIP	Spring Hill, FL 34608
TITLE	T	3.1 TITLE	
NAME	MYRLEA, JEANNE	3.2 NAME	
STREET ADDRESS	304 ALPINE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	V
NAME	DIXON, BARMELL	4.2 NAME	MLECKA, Phyllis
STREET ADDRESS	1200 OLD HAMMOCK RD	4.3 STREET ADDRESS	20481 Yontz Road
CITY-ST-ZIP	BROOKSVILLE FL	4.4 CITY-ST-ZIP	Brooksville, FL 34601
TITLE	D	5.1 TITLE	D
NAME	MLECKA, PHYLLIS	5.2 NAME	DURSHIMER, Margaret
STREET ADDRESS	20481 YONTZ RD	5.3 STREET ADDRESS	17 Croom Road
CITY-ST-ZIP	BROOKSVILLE FL	5.4 CITY-ST-ZIP	Brooksville, FL 34601
TITLE	D	6.1 TITLE	
NAME	STONE, BESS	6.2 NAME	
STREET ADDRESS	11491 OLD CRYSTAL RIVER RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mari-Celeste Estridge 3/7/95 688-5388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration of Term

ADDITIONAL OFFICERS for the PILOT CLUB OF BROOKSVILLE, INC.

S (Change)
DIXON, Barmell
1290 Old Hammock Road
Brooksville, FL 34601