FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 10:17

DOCUMENT # 746323 (5)

1. Corporation Name
PILOT CLUB OF CAPE CORAL, INC.

Principal Place of Business	Mailing Address
3712 S.W. 6TH PLACE CAPE CORAL FL 33914 US	3712 S.W. 6TH PLACE CAPE CORAL FL 33914 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1979	3a. Date of Last Report: 04/29/1994
4. FEI Number: 51-0233222	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CASE, JEAN 3712 SW 6TH PLACE CAPE CORAL FL 33914	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RS	1.1 TITLE	☐ Change ☐ Addition
NAME	COSTA, PAT	1.2 NAME	
STREET ADDRESS	4431 CORONADO PKWY.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	ROUSE, NANCY	2.2 NAME	
STREET ADDRESS	13231 5TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D ☑ Change ☐ Addition
NAME	~~STODDARD, PAMELA~~	3.2 NAME	Ehly, Jane
STREET ADDRESS	~~13571 EAGLE RIDGE DR.~~	3.3 STREET ADDRESS	1212 SE 31 st STreet
CITY-ST-ZIP	~~FT. MYERS FL~~	3.4 CITY-ST-ZIP	Cape Coral, FL 33904
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MILES, CAROL	4.2 NAME	
STREET ADDRESS	1203 SW 48TH TERR., #101	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	YATES, GINNY	5.2 NAME	
STREET ADDRESS	5215 TOWER DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP	
TITLE	~~D~~	6.1 TITLE	PE ☑ Change ☐ Addition
NAME	~~GODERSKI, MIMI~~	6.2 NAME	Goderski, Mimi
STREET ADDRESS	2803 SE 20TH AVE.	6.3 STREET ADDRESS	2803 SE 20th Ave
CITY-ST-ZIP	CAPE CORAL FL	6.4 CITY-ST-ZIP	Cape Coral, FL 33904

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 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jean Case, Ginny Yates 1-24-95 813-772-2290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jean Case / Ginny Yates

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