

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **746323** (5)

1. Corporation Name

PILOT CLUB OF CAPE CORAL, INC.



Principal Place of Business

**3712 S.W. 6TH PLACE
CAPE CORAL FL 33914
US**

Mailing Address

**3712 S.W. 6TH PLACE
CAPE CORAL FL 33914
US**

3. Date Incorporated or Qualified
03/20/1979

3a. Date of Last Report
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

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**

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Jean Case, Treasurer

Jean Case

1-23-96

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	RS	<input checked="" type="checkbox"/> DELETE
NAME	COSTA, PAT	
STREET ADDRESS	4431 CORONADO PKWY.	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROUSE, NANCY	
STREET ADDRESS	13231 5TH ST	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EHLY, JANE	
STREET ADDRESS	1212 S.E. 31ST STREET	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILES, CAROL	
STREET ADDRESS	1203 SW 48TH TERR., #101	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	YATES, GINNY	
STREET ADDRESS	5215 TOWER DR.	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE	PE	<input type="checkbox"/> DELETE
NAME	GODERSKI, MIMI	
STREET ADDRESS	2803 SE 20TH AVE	
CITY - ST - ZIP	CAPE CORAL FL	

11 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Joan Hansen	
13 STREET ADDRESS	1315 SW 43rd Terrace	
14 CITY - ST - ZIP	Cape Coral, FL 33914	
21 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Eula Jorgensen	
23 STREET ADDRESS	5516 Coronado Pkwy	
24 CITY - ST - ZIP	Cape Coral, FL 33904	
31 TITLE	'Director'	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Patty Neeley	
33 STREET ADDRESS	3522 SE 22nd Place	
34 CITY - ST - ZIP	Cape Coral, FL 33904	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Margaret G Goderski

MARGARET G GODERSKI

1-23-96

941-942-7438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)