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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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	Mailing Address
3712 S.W. 6TH PLACE CAPE CORAL FL 33914 US	3712 S.W. 6TH PLACE CAPE CORAL FL 33914-5319 US

3. Date Incorporated or Qualified: 03/20/1979
3a. Date of Last Report: 02/12/1996

2. Principal Place of Business	2a. Mailing Address
21 3522 SE 22ND Place.	26 3522 SE 22ND PL
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Cape Coral FL	City & State 28 Cape Coral FL
Zip 24 33904 Country 25 Lee	Zip 29 33904 Country 30 Lee

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

CASE, JEAN
3712 SW 6TH PLACE
CAPE CORAL FL 33914

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 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 _____ 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	D	☐ DELETE	1.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	HANSEN, JOAN		1.2 NAME	PATRICIA L NEELY	
STREET ADDRESS	1315 SW 43RD TERRACE		1.3 STREET ADDRESS	3522 SE 22ND Place.	
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP	Cape Coral FL 33904	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JORGENSEN, EULA		2.2 NAME		
STREET ADDRESS	5516 CORONADO PKWY		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EHLY, JANE		3.2 NAME		
STREET ADDRESS	1212 S.E. 31ST STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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	D	☐ DELETE	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	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GODERSKI, MIMI		6.2 NAME		
STREET ADDRESS	2803 SE 20TH AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)