

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 # **747102** (2)

1. Corporation Name

PILOT CLUB OF MID-PINELLAS, FLORIDA, INC.

Principal Place of Business

Mailing Address

**1620 HARMONY DRIVE
CLEARWATER FL 34616-1816
US**

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CLEARWATER FL 34616-1816
US**



3. Date Incorporated or Qualified
05/08/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

51-0216776

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOWERS, SHIRLEY
1620 HARMONY DR.
CLEARWATER FL 34616**

81 Name

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

000001789750

83

-04/23/96--01011--003

84 City

*****61.25**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☐ DELETE
NAME **MOLER, BARBARA**
STREET ADDRESS **1005 FOREST COURT**
CITY-ST-ZIP **DUNEDIN FL**

VP ☐ DELETE
NAME **BOWERS, SHIRLEY**
STREET ADDRESS **1620 HARMONY DRIVE**
CITY-ST-ZIP **CLEARWATER FL**

P ☐ DELETE
NAME **WIGGINS, ODESSA**
STREET ADDRESS **55 JASPER STREET**
CITY-ST-ZIP **LARGO FL**

D ☐ DELETE
NAME **THOMAS, THELMA**
STREET ADDRESS **981 STEPHEN FOSTER DR**
CITY-ST-ZIP **LARGO FL**

D ☒ DELETE
NAME **ADAMITIS, STEPHANIE**
STREET ADDRESS **2458 BALBOA COURT**
CITY-ST-ZIP **CLEARWATER FL**

S ☒ DELETE
NAME **BANKS, BARBARA**
STREET ADDRESS **1668 LEISURE DR.**
CITY-ST-ZIP **CLEARWATER FL**

S ☐ Change ☐ Addition
11 TITLE
12 NAME **DORT, BETSY**
13 STREET ADDRESS **304 BAMBOO LANE**
14 CITY-ST-ZIP **LARGO, FL 34640**

D ☒ Change ☐ Addition
21 TITLE
22 NAME **BOWERS, SHIRLEY**
23 STREET ADDRESS **1620 Harmony DR.**
24 CITY-ST-ZIP **Clearwater, FL 34616**

P ☐ Change ☒ Addition
31 TITLE
32 NAME **TODD, SUSAN**
33 STREET ADDRESS **973 STEPHEN FOSTER DR.**
34 CITY-ST-ZIP **LARGO, FL 34641**

D ☒ Change ☒ Addition
41 TITLE **D. Stevens, Holms**
42 NAME **645 PINE AVE**
43 STREET ADDRESS **2458 BALBOA COURT**
44 CITY-ST-ZIP **34640**

VP ☐ Change ☒ Addition
51 TITLE
52 NAME **DORT, ANDREA**
53 STREET ADDRESS **304 Bamboo LANE**
54 CITY-ST-ZIP **LARGO, FL 34640**

D ☐ Change ☒ Addition
61 TITLE **D Roebuck, Laura**
62 NAME **6580 Seminole Blvd.**
63 STREET ADDRESS **Seminole, Fla. 34642**
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:

Barbara H. Moler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

813-784-7979

Date

Daytime Phone #

CR2E037 (12/95)

4-22-96