

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 17, 1999 8:00 am  
Secretary of State

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DOCUMENT # 747102

1. Corporation Name

PILOT CLUB OF MID-PINELLAS, FLORIDA, INC.

Principal Place of Business

304 BAMBOO AVE.  
LARGO FL 33770  
US

Mailing Address

304 BAMBOO LANE  
LARGO FL 33770  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/08/1979

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

9. Name and Address of Current Registered Agent

DORT, BETSY  
304 BAMBOO LANE  
LARGO FL 33770

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

T  
NAME STOLLEY, JOY  
STREET ADDRESS 4460 FALLBROOK BLVD.  
CITY-ST-ZIP PALM HARBOR FL

☐ DELETE

D  
NAME TODD, SUSAN  
STREET ADDRESS 973 STEPHEN FOSTER DR  
CITY-ST-ZIP LARGO FL

☐ DELETE

S  
NAME DORT, BETSY  
STREET ADDRESS D304 BAMBOO LANE  
CITY-ST-ZIP LARGO FL

☒ DELETE

D  
NAME STEVENS, HELEN  
STREET ADDRESS 865 FAY AVE  
CITY-ST-ZIP LARGO FL

☐ DELETE

P  
NAME DORT, ANDREA  
STREET ADDRESS 304 BAMBOO LANE  
CITY-ST-ZIP LARGO FL

☐ DELETE

D  
NAME CEKAU, MARIE  
STREET ADDRESS 928 PALM DR S  
CITY-ST-ZIP LARGO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

T  
1.2 NAME Stolley, Joy  
1.3 STREET ADDRESS 865 Fay Ave.  
1.4 CITY-ST-ZIP LARGO, FL 33771

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (11/98)