

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90017 010 \*\*\*\*61.25

<b>DOCUMENT # N00371</b> 1. Entity Name <b>THE PILOT CLUB OF THE HALIFAX AREA, DAYTONA BEACH, FLORIDA, INCORPORATED</b>					
Principal Place of Business <b>102 SEVILLE STREET ORMOND BEACH FL 32174</b>			Mailing Address <b>102 SEVILLE STREET ORMOND BEACH FL 32174</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>59-2311124</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE      CR2E037 (10/05)	
6. Name and Address of Current Registered Agent  <b>BABIC, BETTY JO 701 RIVER OAK DRIVE, WEST ORMOND BEACH FL 32174</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>FREDRICKS, ROMANGER</b> <b>556 HEINEMAN STREET</b> <b>DAYTONA BEACH FL 32114</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>V.P</b>  	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>S</b> <b>DUNN, DIANE M.</b> <i>Diane</i> <b>324 W. INT'L SPEEDWAY BLVD</b> <b>DAYTONA BEACH FL 32115</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>D</b> <b>DUNN, DIANE M</b> <b>324 Int'l Speedway Blvd</b> <b>Daytona Beach, FL 32115</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>D</b> <b>HETZEL, ROSIE</b> <b>27 LONGFELLOW COURT</b> <b>ORMOND BEACH FL 32176</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>DEVA WILLIAMS</b> <b>116 Circling Wood Ct.</b> <b>PORT ORANGE, FL 32128</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>WATKINS, CINDY</b> <b>PO BOX 4202</b> <b>ORMOND BEACH FL 32175</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>S</b>  	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>DURHAM, MAUREEN</b> <b>110 ALEATHIA DRIVE</b> <b>DAYTONA BEACH FL 32114</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>P</b>  	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>T</b> <b>PYLE, SHIRLEY</b> <b>2349 JERRY CIRCLE</b> <b>PORT ORANGE FL 32128</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>  	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *SHIRLEY PYLE*      *Shirley T Pyle*