


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90039 040 \*\*\*\*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 - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
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 (NOT: Registered Agent signature required when registering)</small> DATE _____				



1st MOORE CR2E037 (10/06)

4. FEI Number **59-2311124** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FREDRICKS, ROMANGER 556 HEINEMAN STREET DAYTONA BEACH FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUNN, DIANE M 324 INT'L SPEEDWAY BLVD DAYTONA BEACH FL 32115 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, EVA 116 CIRCLING WOOD CT PORT ORANGE FL 32128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P. WILLIAMS, EVA same</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WATKINS, CINDY PO BOX 4202 ORMOND BEACH FL 32175 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>S. King, PAT 172 BEARS FOOT TRAIL ORMOND BEACH, FL 32174</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DURHAM, MAUREEN 110 ALEATHIA DRIVE DAYTONA BEACH FL 32114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D. MOORE, FREDDY 556 HEINEMAN ST DAYTONA BEACH, FL 32114</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PYLE, SHIRLEY 2349 JERRY CIRCLE PORT ORANGE FL 32128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 T Pyle

2/22/07