

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90009 023 \*\*\*\*61.25

**DOCUMENT # N00371**

1. Entity Name

THE PILOT CLUB OF THE HALIFAX AREA, DAYTONA  
BEACH, FLORIDA, INCORPORATED



Principal Place of Business

102 SEVILLE STREET  
ORMOND BEACH FL 32174

Mailing Address

102 SEVILLE STREET  
ORMOND BEACH FL 32174



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

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2311124

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BABIC, BETTY JO  
701 RIVER OAK DRIVE, WEST  
ORMOND BEACH FL 32174

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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 VP ☐ Delete  
NAME FREDRICKS, ROMANGER  
STREET ADDRESS 556 HEINEMAN STREET  
CITY- ST- ZIP DAYTONA BEACH FL 32114

TITLE ☒ Change ☐ Addition  
NAME P  
STREET ADDRESS  
CITY- ST- ZIP

TITLE D ☐ Delete  
NAME DUNN, DIANE M  
STREET ADDRESS 324 INT'L SPEEDWAY BLVD  
CITY- ST- ZIP DAYTONA BEACH FL 32115

TITLE ☒ Change ☐ Addition  
NAME VP  
STREET ADDRESS  
CITY- ST- ZIP

TITLE D ☒ Delete  
NAME WILLIAMS, EVA  
STREET ADDRESS 116 CIRCLING WOOD CT  
CITY- ST- ZIP PORT ORANGE FL 32128

TITLE ☐ Change ☐ Addition  
NAME BETTY JO BABIC  
STREET ADDRESS 701 RIVER OAK DR  
CITY- ST- ZIP ORMOND BEACH, FL 32174

TITLE S ☐ Delete  
NAME KING, PAT  
STREET ADDRESS 172 BEARFOOT TRAIL  
CITY- ST- ZIP ORMOND BEACH FL 32174

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE P ☒ Delete  
NAME MOORE, FREDDY E  
STREET ADDRESS 556 HEINEMAN ST  
CITY- ST- ZIP DAYTONA BEACH FL 32114

TITLE ☐ Change ☐ Addition  
NAME BETTYE BATES  
STREET ADDRESS 1071 N. GERTRUDE COURT  
CITY- ST- ZIP DAYTONA BEACH, FL 32117

TITLE T ☐ Delete  
NAME PYLE, SHIRLEY  
STREET ADDRESS 2349 JERRY CIRCLE  
CITY- ST- ZIP PORT ORANGE FL 32128

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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, Treasurer

4/29/08