

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Feb 01, 2005 8:00 am
Secretary of State**

02-01-2005 90023 045 ****61.25

DOCUMENT # N01000006313			
1. Entity Name BLUE HERON PILOT CLUB, INC.			
Principal Place of Business POST OFFICE BOX 484 BUSHNELL, FL 33513-0029		Mailing Address POST OFFICE BOX 484 BUSHNELL, FL 33513-0029	
2. Principal Place of Business		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			
<p>NICHOLS, SIERRA 414 PARKHILL AVENUE BUSHNELL, FL 33513</p>			
<p>Name <i>SANDRA ELDER MOORE</i> Street Address (P.O. Box Number is Not Acceptable) <i>11795 SW 60TH STREET</i></p>			
<p>City <i>WEBSTER</i> FL Zip Code <i>33597</i></p>			
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 <i>Sandra Elder Moore</i>		DATE <i>1-22-05</i>	
Signature, typed or printed name of registered agent and date if applicable.		(NOTE: Registered Agent signature required when remitting)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees <input type="checkbox"/> Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			
TITLE S NAME NEWMAN, SHIRLEY STREET ADDRESS 7224 SW 25TH DR. CITY-ST-ZIP BUSHNELL, FL 33513		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE P NAME PALMER, NANCY STREET ADDRESS P.O. BOX 1526 CITY-ST-ZIP LAKE PANASOFFKEE, FL 33538		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Pmt LOUETT</i> <i>8298 SW 60TH AVENUE</i> <i>BUSHNELL, FLA 33513</i>
TITLE TD NAME ELDER-MOORE, SANDRA STREET ADDRESS 11795 SW 60TH ST. CITY-ST-ZIP WEBSTER, FL 33597		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME THIBODEAU, CHRISTINA STREET ADDRESS 1209 CR 542 E CITY-ST-ZIP BUSHNELL, FL 33513		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME FULLER, DELL STREET ADDRESS 7052 CR 575 CITY-ST-ZIP BUSHNELL, FL 33513		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME BATCHELDER, ANNE STREET ADDRESS 4272 S HWY 301 LOT 240 CITY-ST-ZIP BUSHNELL, FL 33513		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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: <i>Sandra Elder Moore</i>		Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>SANDRA ELDER MOORE</i>	
		Date	Daytime Phone #