


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N01000006313</b> 1. Entity Name <b>BLUE HERON PILOT CLUB, INC.</b>					
Principal Place of Business <b>POST OFFICE BOX 484 BUSHNELL, FL 33513-0029</b>			Mailing Address <b>POST OFFICE BOX 484 BUSHNELL, FL 33513-0029</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
01152005		Chg-NP		CR2E037 (10/03)	
4. FEI Number <b>59-3697752</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>NICHOLS, SIERRA 414 PARKHILL AVENUE BUSHNELL, FL 33513</b>			Name <b>SANDRA ELDER MOORE</b> Street Address (P.O. Box Number is Not Acceptable) <b>11795 SW 60TH STREET</b> City <b>WEBSTER</b> <b>FL</b> Zip Code <b>33597</b>		
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>		<b>SANDRA ELDER-MOORE</b>		1-27-05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2005</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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEWMAN, SHIRLEY	NAME			
STREET ADDRESS	7224 SW 25TH DR.	STREET ADDRESS			
CITY-ST-ZIP	BUSHNELL, FL 33513	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PALMER, NANCY	NAME	P <b>PAT LOUETT</b>		
STREET ADDRESS	P.O. BOX 1526	STREET ADDRESS	<b>3299 SW 60TH AVENUE</b>		
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538	CITY-ST-ZIP	<b>BUSHNELL, FL 33513</b>		
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ELDER-MOORE, SANDRA	NAME			
STREET ADDRESS	11795 SW 60TH ST.	STREET ADDRESS			
CITY-ST-ZIP	WEBSTER, FL 33597	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THIBODEAU, CHRISTINA	NAME			
STREET ADDRESS	1209 CR 542 E	STREET ADDRESS			
CITY-ST-ZIP	BUSHNELL, FL 33513	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FULLER, DELL	NAME			
STREET ADDRESS	7052 CR 575	STREET ADDRESS			
CITY-ST-ZIP	BUSHNELL, FL 33513	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BATCHELDER, ANNE	NAME			
STREET ADDRESS	4272 S HWY 301 LOT 240	STREET ADDRESS			
CITY-ST-ZIP	BUSHNELL, FL 33513	CITY-ST-ZIP			
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>		<b>SANDRA ELDER MOORE</b>		352-874 4821	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	