


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90184 033 ****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 - No P.O. Box # 2838 C.R. 762		3. Mailing Address 2838 CR 762			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Webster, FL		City & State Webster FL		4. FEI Number 59-3697752	
Zip 33597		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELDER MOORE, SANDRA 11795 SOUTHWEST 60TH STREET WEBSTER, FL 33597			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D MCINTOSH, JANET 1235 CR 542E BUSHNELL, FL 33513	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE SCANLON, MABEL S 7366 EC 48 CENTER HILL, FL 33514	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANE, KATHRYN 2838 CR.762 WEBSTER, FL 33597	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THIBODEAU, CHRISTINA 1209 CR 542 E BUSHNELL, FL 33513	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BATCHELDER, ANNE 4272 S HWY 301 LOT 240 BUSHNELL, FL 33513	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHRISTENSEN, CHERYL 1263 CR 650 BUSHNELL, FL 33513	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Elect BATCHELDER, ANNE 4272 S HWY 301 4252 BUSHNELL FL 33513	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 Chapter 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: <u>Kathryn Lane</u> <u>President</u>		<u>04-23-08</u> <u>352-568-8678</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			

Kathryn Lane