

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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*

Zip

*33597*

Country

*USA*

Zip

*33597*

Country

*USA*

4. FEI Number  
59-3697752

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

ELDER MOORE, SANDRA  
11795 SOUTHWEST 60TH STREET  
WEBSTER, FL 33597

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

**Filing 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 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<i>President Elect BATCHELDER, ANNE 4272 S HWY 301 #252 BUSHNELL FL 33513</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<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:** *Kathryn Lane* **President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-08 352-568-8678

Date

Daytime Phone #

*Kathryn Lane*