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NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996-2496

B-

4409
(3)

C

DOCUMENT # N06596

1. Corporation Name

PILOT CLUB OF SUMTER COUNTY, INC.

Principal Place of Business

P.O. BOX 580TH
WILDWOOD FL 34785

Mailing Address

P.O. BOX 580TH
WILDWOOD FL 34785



3. Date Incorporated or Qualified

12/12/1984

3a. Date of Last Report

03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, GWEN N

HWY 44 E, OT 103 - 708 NORTH MAIN ST.
WILDWOOD FL 34785

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME DEUEL, LINDA MAXINE COX

STREET ADDRESS 7473 CR 139 494 CR 117A

CITY-ST-ZIP WILDWOOD FL Wildwood, FL 34785

TITLE T ☐ DELETE

NAME MARTIN, RUTH

STREET ADDRESS 11919 US HWY 301

CITY-ST-ZIP OXFORD FL

TITLE S ☐ DELETE

NAME JOCHUM, DIANE

STREET ADDRESS 9260 CR 125B

CITY-ST-ZIP WILDWOOD FL

TITLE D ☐ DELETE

NAME SEIGLER, ROBERTA

STREET ADDRESS 607 E CLEVELAND

CITY-ST-ZIP WILDWOOD FL

TITLE D ☐ DELETE

NAME PRIDGEON, ELAINE

STREET ADDRESS 4308 EMMAUS RD

CITY-ST-ZIP FRUITLAND PARK FL

TITLE D ☒ DELETE

NAME BERNARD, DEBBY

STREET ADDRESS 604 LEE ST

CITY-ST-ZIP WILDWOOD FL

11 TITLE ☐ Change ☒ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☒ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☒ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☒ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maxine Cox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-748-0111

Daytime Phone #

CR2E037 (12/95)