Mar 02 1998 8:00am
Secretary of State

FILE NOW: FILING FEE IS \$61.25 NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. <del>Morthony</del> ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name (3)N06596 PILOT CLUB OF SUMTER COUNTY, INC. Principal Place of Business Mailing Address P.O. BOX 580TH PO BOX 580 3. Date Incorporated or Qualified WILDWOOD FL 34785 WILDWOOD FL 34785 12/12/1984 4. FEI Number Applied For 59-2351393 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 40 400 x 400 Street Address (P.O. Box Number is Not Acceptable) **708 NORTH MAIN STREET** WILDWOOD FL 34785 84 City 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. d name of registered applit and title if applical (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE Mason, Sarah NAME COX, MAXINE 1.2 NAME P.O. Box 53 - 305 N 45 301 STREET ADDRESS 4914 CR 117A 1.3 STREET ADDRESS Coleman, Fl. 33521 WILDWOOD FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE X Change Addition Bernard, Beatrice 604 Lee St. NAME MARTIN, RUTH 2.2 NAME STREET ADDRESS 11919 US HWY 301 2.3 STREET ADDRESS OXFORD FL Wildwood. Fl. 34785 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME JOCHUM, DIANE Reynolds, Kathryn 3.2 NAME P.O. Box 426 - 116 S COMMERCIAL St. STREET ADDRESS 9260 CR 125B 3.3 STREET ADDRESS WILDWOOD FL Coleman, Fl. 33521 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition 7/THE 4.1 TITLE NAME SMITH, GWEN 4. 2 NAME Jochum, Diane PO BOX 420, 708 N MAIN ST STREET ADDRESS 4.3 STREET ADDRESS 9260 C.R.125B CITY-ST-ZIP WILDWOOD FL 4.4 CITY-ST-ZIP 34785 Wildwood, Fl. DELETE ☐ Addition TITLE Change 5.1 Title Deuel, Linda 5.2 NAME NAME REYNOLDS, KATHERYN 7473 CR 139

349 CR 532E Bushnell, Fl. 33513 WILDWOOD FL CITY-ST-ZIP 14. 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 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

**5.3 STREET ADDRESS** 

**6.3 STREET ADDRESS** 

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

**X** DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

PO BOX 426 116B S COMMERCIAL ST

COLEMAN FL

9828 CR 121

FOWLER, GRACE

1-26-98

Wildwood, Fl.

Thomas, Mary

34785

Change

■ Addition