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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N(ノロンタじ	2
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1. Corporation Name

PILOT CLUB OF SUMTER COUNTY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 580TH WILDWOOD FL 34785 PO BOX 580 WILDWOOD FL 34785

US

						•			
2. Principal Pl	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed	1			
21	ace of Business	26			12/12/1984				
Suite, Apt. i	#. etc.	Suite, Apt. #, etc.			4. FEI Number		App	olied For	
22	.,	27			59-2351393		Not	Applicable	
City & State	•	City & State			E. Contiferate of Status Decired		\$8.75 A	dditional	
23		28			5. Certifcate of Status Desired		Fee Re	quired	
Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00	May Be	
24	25	29	30		Trust Fund Contribution		Added to	Fees	
	9. Name and Address of Current	Registered Agent		•	10. Name and Address of New	Registered	Agent		
			81	Name]	
SMITH, GWEN N.			82	82 Street Address (P.O. Box Number is Not Acceptable)					
•	TH MAIN STREET								
	DD FL 34785		83		•				
			84	City			85 Zip C	ode	
			Į.	1		FL	• T		
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the abov	e-named corp	poration submits this statement for th	e purpose of	changing its	registered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	or Florida. Such change was all ions of, Section 617.0503, Flor	ninorized by rida Statutes	the corporati	ion's board of directors. Thereby acco	spi uio appo	manoni as iog		
SIGNATURE	, ,							· ·	
SIGNATORE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:		nt signature requir	red when reinstating)	DATE	10.0105050	20 111 40	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO O	FFICERS AI			
TITLE	D	☐ DELETE	1.1 TITLE	12	Resident IANE Jochum		Change	Addition	
NAME	MASON, SARAH		1.2 NAME	120	260 CR 125B				
STREET ADDRESS	305 N. US 301		1.3 STREE			C		1	
CITY-ST-ZIP	COLEMAN FL 33521		1.4 CITY-S		Vildword FL 347	<u> </u>			
TITLE	T	🔀 DEFELE	2.1 TITLE		Res- Elec		Change	Addition	
NAME	BERNARD, BEATRICE		2.2 NAME	n	14/Ne COTITA		•	,	
STREET ADDRESS	604 LEE STRET		2.3 STREE	TADORESS 🕹	1914 CK 1111	~ ~~		.]	
CITY-ST-ZIP	WILDWOOD FL 34785		2.4 CITY-	ST-ZIP (L	1: 12 wood, F1 3470	<u> </u>	· · <u> </u>		
TITLE	PE	DELETE	3.1 TITLE	5	<i>sechetary</i>		Change	Addition	
NAME	reynolds, kathryn		3.2 NAME	3	shelly Gregory	,		/	
STREET ADDRESS	116 S. COMMERCIAL STREET		3.3 STREE	TADORESS 2	7 N. tyler St.	-,-,	1.11-		
CITY+ST-ZIP	COLEMAN FL 34785		3.4. CITY-5	st-zip Z	Beverly Hills,	E/34			
TITLE	P	15% DELETE	4.1 TITLE	[DIRECTOR		Change	Addition	
NAME	SMITH, GWEN		4. 2 NAME	10	Trace Fowler				
STREET ADDRESS	PO BOX 420, 708 N MAIN ST		4.3 STREE	TADDRESS 9	1828 CR 121			1	
CITY-ST-ZIP	WILDWOOD FL		4.4 CITY-S	T-ZIP 4	ildwood, F/34.	785			
TITLE	S	9 DELETE	5.1 TITLE	-	Director		Change	Addition	
NAME	DEUEL, LINDA		5.2 NAME						
STREET ADDRESS	7473 CR 139		5.3 STREE	T ADDRESS	Jackie Dupuis 32734 Vista Au	. ,	1	מחווב ות	
CITY-ST-ZIP	WILDWOOD FL 34785	***	5.4 CITY-S	T-ZIP	32734 Vista HU	e,Lee	5 bung,	H 54188	
TITLE	* Tangeris	☐ DELETE	6.1 TITLE		Director		Change	Addition	
NAME	T HOMÁ S, MÁRY		6.2 NAME		A 4 1 5 =				
STREET ADDRESS	349 CR 532E		6.3 STREE	TADDRESS	lota Allis	00	11	3352/	
CITY-ST-ZIP	BUSHNELL FL 33513		6.4 CITY-S	T-ZIP	Let 48515 Centra	l llve	Colen	ANA	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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, with all other like empowered.

SIGNATURE: Mary MONATUR MAR OF SIGNING OFFICER OF DIRECTOR

2-19-9

352-148-0014 352-193-0260 Daytime Phone #

(KZEU3/ (11/98)