2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jul 11, 2006 8:00 am
Secretary of State
05-30-2006 90040 045 ****61.25

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03022006 Chg-NP CR2E037 (11/05)

DOCUMENT # N06596

1. Entity Name
PILOT CLUB OF SUMTER COUNTY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 580 WILDWOOD, FL 34785	PO BOX 580 WILDWOOD, FL 34785 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2351393 ☐ 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
SMITH, GWEN N. 708 NORTH MAIN STREET WILDWOOD, FL 34785	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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	P WRIGHT, JEAN 24 ROBIN ROAD WILDWOOD, FL 34785	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Allis, Leta 8515 Central Ave Coleman, Fl. 35521	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, IRIS RAILS END HWY 443 LOT 24W WILDWOOD, FL 34785	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Elect Jacquelin Dupuis 32784 Vista Ave Leesburg, Fl. 34788	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE ALLES, LETA 8515 CENTRAL AVE COLEMAN, FL 33521	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Marilyn Pena-Pope 807 Crestview Circle Wildwood, Fl. 34785	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SMITH, GWEN N. 708 NORTH MIAN STREET WILDWOOD, FL 34785	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasure Sylvia Zimmerman 801 Judy Ave Wildwood, Fl. 34785	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T REED, JEANNE 1513 WOODLYN DRIVE LEESBURG, FL 34748	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Alice Scheidler	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASON, SARAH 515 NORTH US 301/ BOX 53 COLEMAN, FL 33521	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Diane Jocham 9260 CR 125B Wildwood, Fl. 34785	☐ Change ☐ 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: Leta Allis 7-6-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #