

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06596

FILED
Apr 14, 2009
Secretary of State

Entity Name: PILOT CLUB OF SUMTER COUNTY, INC.

Current Principal Place of Business:

P.O. BOX 580
WILDWOOD, FL 34785

New Principal Place of Business:

708 NORTH MAIN STREET
WILDWOOD, FL 34785

Current Mailing Address:

PO BOX 580
WILDWOOD, FL 34785 US

New Mailing Address:

FEI Number: 59-2351393 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, GWEN N.
708 NORTH MAIN STREET
WILDWOOD, FL 34785 US

Name and Address of New Registered Agent:

SMITH, GWEN N.
708 NORTH MAIN STREET
WILDWOOD, FL 34785 US

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.

SIGNATURE: GWEN N. SMITH

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DUPUIS, JACQUELIN
Address: 32734 VISTA AVE
City-St-Zip: LEESBURG, FL 34788

Title: D () Delete
Name: ALLIS, LETA
Address: 8515 CENTRAL AVE
City-St-Zip: COLEMAN, FL 33521

Title: S () Delete
Name: SCHEIDLER, ALICE
Address: 3815 CENTRAL AVE
City-St-Zip: COLEMAN, FL 33521

Title: T () Delete
Name: MASON, SARA
Address: 515 N US 301
City-St-Zip: SUMTERVILLE, FL 33585

Title: PE () Delete
Name: MALAK, BETH
Address: 863 SHELLBACK WAY
City-St-Zip: LADY LAKE, FL 32162

Title: P () Delete
Name: JOCHUM, DIANE
Address: 9260 CR 125 B
City-St-Zip: WILDWOOD, FL 34785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DEUEL, LINDA
Address: 612 LIVE OAK LANE
City-St-Zip: WILDWOOD, FL 34785

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PE (X) Change () Addition
Name: MALAK, BETH
Address: 863 SHELLBARK WAY
City-St-Zip: THE VILLAGES, FL 32162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA H. MASON

TREA

04/14/2009

Electronic Signature of Signing Officer or Director

Date