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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11788

1. Corporation Name

PILOT CLUB OF PORT ORANGE, INC.

Principal Place of Business	Mailing Address
% WOOD YVONNE 3860 S. NOVA RD. PORT ORANGE FL 32127-4949 US	820 MOCKINGBIRD DR PORT ORANGE FL 32127 US

2. Principal Place of Business 21 c/o Belinda Hawkins	2a. Mailing Address 26 4894 Atlantic Ave.	3. Date Incorporated or Qualified 10/29/1985
Suite, Apt. #, etc. 22 3860 S. Nova Rd.	Suite, Apt. #, etc. 27	4. FEI Number 59-2468011 ☐ Applied For ☐ Not Applicable
City & State 23 Port Orange FL	City & State 28 Ponce Inlet FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 32127 Country 25 US	Zip 29 32127 Country 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HAWKINS, BELINDA
820 MOCKINGBIRD DR
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent

81 Name: Lima, Stella
82 Street Address (P.O. Box Number is Not Acceptable): 4894 South Atlantic Avenue
83
84 City: Ponce Inlet FL 85 Zip Code: 32127

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: By Linda Hawkins President (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 2/2/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KAISER, DIANE 6218 YOSEMITE DRIVE PORT ORANGE FL 32127	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Secretary Shaw, Gloria 761 Renegade Lane Port Orange, FL 32127 — T — ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, NADINE 6205 SHORELINE DR PORT ORANGE FL 32197 — T	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Treasurer Nadine M. Iller 930 Tall Pine Dr. Port Orange, FL 32127 — T — ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FUSTER, IVONNE 769 SANDY HILL CR PORT ORANGE FL 32127	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Vice President mona Harkins 1148 Key Largo Circle Port Orange, FL 32124 — T — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TVP VRONDRUM, TINA 411 DUNLAWTON AVE PORT ORANGE FL 32119	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Director Eileen Wing 701 Breckenridge Drive Port Orange, FL 32127 — D — ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HAWKINS, BELINDA 820 MOCKINGBIRD DR PORT ORANGE FL 32127 — D	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Treasurer 2/2/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #