

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90014 031 ****61.25

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DOCUMENT # N11788 1. Entity Name PILOT CLUB OF PORT ORANGE, INC.					
Principal Place of Business 5808 CLOVER LANE C/O SHIRLEY JETER FORT ORANGE, FL 32127 US			Mailing Address 5808 CLOVER LANE C/O SHIRLEY JETER FORT ORANGE, FL 32127 US		
2. Principal Place of Business <u>5808 CLOVER LANE</u>		3. Mailing Address <u>5808 CLOVER LANE</u>		01222004 Chg-NP CR2E037 (10/03) 4. FEI Number <u>59-2468011</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <u>PORT ORANGE FL</u>		City & State <u>PORT ORANGE</u>			
Zip <u>32127</u>		Country <u>U.S.</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JETER, SHIRLEY 5808 CLOVER LANE PORT ORANGE, FL 32127				7. Name and Address of New Registered Agent Name <u>JAN JOHNSON</u> Street Address (P.O. Box Number is Not Acceptable) <u>832 DUNLAWTON SUITE#C</u> City <u>PORT ORANGE</u> FL <u>32127</u>	
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 <u><i>Jan Johnson</i></u> <u>President</u> <u>2/3/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 JETER, SHIRLEY 5808 CLOVER LANE PORT ORANGE, FL 32127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JAN JOHNSON 832 DUNLAWTON SUITE#C PORT ORANGE FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAISER, DIANE 6218 YOSEMITE DRIVE PORT ORANGE, FL 32127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY OLLIE DONCASTER 6187 YELLOWSTONE DRIVE PORT ORANGE FL 32127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIMA, STELLA 4894 S. ATLANTIC AVE. PORT ORANGE, FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER STELLA LIMA 4894 S. ATLANTIC AVE PORT ORANGE FL 32127	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WING, EILEEN 701 BRECKENRIDGE DR. PORT ORANGE, FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR EILEEN WING 701 BRECKENRIDGE DR. PORT ORANGE FL 32127	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEVERINI, MARY JANE 5935 PARK RIDGE CIRCLE PORT ORANGE, FL 32127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HELEN COSTA 1235 EDDIE DRIVE PORT ORANGE FL 32129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, JAN 832 DUNLAWTON, SUITE #C PORT ORANGE, FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MARGARET YAEGER 404 S. BEACH STREET #1202 DAYTONA BEACH, FL 32114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. 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 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: <u><i>Stella Lima</i></u> <u>STELLA LIMA</u> <u>1/24/04</u> <u>(386)756-7761</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					