

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11788

FILED
Mar 16, 2006
Secretary of State

Entity Name: PILOT CLUB OF PORT ORANGE, INC.

Current Principal Place of Business:

404 S BEACH ST
#1202
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

404 S BEACH ST
#1202
DAYTONA BEACH, FL 32114 US

New Mailing Address:

FEI Number: 59-2468011 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, JAN
832 DUNLAWTON
STE # C
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHNSON, JAN
Address: 832 DUNLAWTON STE # C
City-St-Zip: PORT ORANGE, FL 32127

Title: S () Delete
Name: DONCASTER, OLLIE
Address: 6187 YELLOWSTONE DR
City-St-Zip: PORT ORANGE, FL 32127

Title: T () Delete
Name: BURTON, GAIL
Address: 3826 LONG GROVE LN.
City-St-Zip: PORT ORANGE, FL 32129

Title: D () Delete
Name: SHAW, GLORIA
Address: 701 BRECKENRIDGE DR.
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: COSTA, HELEN
Address: 1235 EDDIE DRIVE
City-St-Zip: PORT ORANGE, FL 32129

Title: P () Delete
Name: YAEGER, MARGARET
Address: 404 S BEACH STREET # 1202
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SEVERINI, MARY JANE
Address: 5935 PARK RIDGE CIRCLE
City-St-Zip: PORT ORANGE, FL 32127

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

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

Title: D (X) Change () Addition
Name: FIANO, PAULA
Address: 3230 RIDGEWOOD AVENUE
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D (X) Change () Addition
Name: JETER, SHIRLEY
Address: 5808 CLOVER LANE
City-St-Zip: PORT ORANGE, FL 32127

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARGARET H YAEGER

P

03/16/2006

Electronic Signature of Signing Officer or Director

Date