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FILED

Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12381 (2)

1. Corporation Name

PILOT CLUB OF FORT MYERS BEACH, INC.

Principal Place of Business

12741 MAIDEN CANE LANE
BONITA SPRINGS FL 33923
US

Mailing Address

12741 MAIDEN CANE LANE
BONITA SPRINGS FL 34135-3436
US3. Date Incorporated or Qualified
12/04/19853a. Date of Last Report
08/07/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

26. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-2852448

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROHRS, CATHERINE A
12741 MAIDEN CANE LANE
BONITA SPRINGS FL 33923

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SHAKTI-HILL, GEORGIA
STREET ADDRESS 227 IBIS ST
CITY-ST-ZIP FT MYERS BEACH FL☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE PE
NAME SIMPSON, BETTY
STREET ADDRESS 164 CURLE W
CITY-ST-ZIP FT MYERS BEACH FL☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE S
NAME BOOKER, ELLEN
STREET ADDRESS 27171 HILLY LANE
CITY-ST-ZIP BONITA SPRINGS FL 33923☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE T
NAME ROHRS, CATHERINE A
STREET ADDRESS 12741 MAIDEN CANE LANE
CITY-ST-ZIP BONITA SPRINGS FL 33923☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE D
NAME RAFFA, EDWINA
STREET ADDRESS 400 RANDY LANE
CITY-ST-ZIP FT MYERS BEACH FL☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE D
NAME HENNEBERGER, NANCY
STREET ADDRESS 313 BAY LAND
CITY-ST-ZIP FT MYERS FL 33923☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change☐ Addition

14. I do 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.

SIGNATURE: CATHERINE ROHRS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1-12-97
Daytime Phone 941-498-4634
0080450

CR2E037 (9/96)