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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N12891

1. Corporation Name

PILOT CLUB OF ZEPHYRHILLS, FLORIDA, INC.

Principal Place of Business

P.O. BOX 624
 ZEPHYRHILLS FL 33539
 US

Mailing Address

P.O. BOX 624
 ZEPHYRHILLS FL 33539
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/31/1985

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LILLIBRIDGE, DONNA
 7300 CHENKINS RD
 ZEPHYRHILLS FL 33540

81 Name **Donna**
 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 *Donna Lillibridge* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	RS	<input type="checkbox"/> DELETE
NAME	ANDERSON, JOANNA	
STREET ADDRESS	1307 TIMBER TRACE DR	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	GEDD	<input checked="" type="checkbox"/> DELETE
NAME	ES, AMY	
STREET ADDRESS	37600 SKYRIDGE CIR	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	PE	<input checked="" type="checkbox"/> DELETE
NAME	LILLIBRIDGE, DONNA	
STREET ADDRESS	7300 CHENKINS RD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LACEY, KATHY	
STREET ADDRESS	5118 FOX HUNT DR	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWAB, SHERI	
STREET ADDRESS	5301 BERNADETTE DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GEDDES, JEANNE M	
STREET ADDRESS	5331 SATSUMA DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Killmeyer, Phyllis	
1.3 STREET ADDRESS	PO Box 142	
1.4 CITY-ST-ZIP	San Antonio, FL. 33576	
2.1 TITLE	Past President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Barbara Putman	
2.3 STREET ADDRESS	38586 Central Ave	
2.4 CITY-ST-ZIP	Zephyrhills, FL. 33548	
3.1 TITLE	President Elect	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Nora Richard	
3.3 STREET ADDRESS	6848 Lum Dr.	
3.4 CITY-ST-ZIP	Zephyrhills FL. 33541	
4.1 TITLE	Lacey, Kathy, Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	5118 Fox Hunt Dr	
4.4 CITY-ST-ZIP	Wesley Chapel, FL. 33543	
5.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Lillibridge, Donna	
5.3 STREET ADDRESS	1300 Chenkins Rd.	
5.4 CITY-ST-ZIP	Zephyrhills, FL. 33540	
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Raylor, Jennifer	
6.3 STREET ADDRESS	37326 Bailey Hill Rd	
6.4 CITY-ST-ZIP	Dade City FL. 33525	

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: *Kathy Lacey* REKATHY DLACEY 4/29/99 813 973-3754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)