


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90041 046 ****61.25

DOCUMENT # N12891
1. Entity Name
PILOT CLUB OF ZEPHYRHILLS, FLORIDA, INC.



Principal Place of Business Mailing Address
P.O. BOX 624 ZEPHYRHILLS FL 33539 US
P.O. BOX 624 ZEPHYRHILLS FL 33539 US

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
SULLIVAN, KATHLEEN
6648 JUNIPER COURT
ZEPHYRHILLS FL 33542

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	RS	<input checked="" type="checkbox"/> Delete
NAME	MARCH, CINDI	
STREET ADDRESS	36536 CLINTON AVE	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	PP	<input checked="" type="checkbox"/> Delete
NAME	HOLLERMON, DIONE	
STREET ADDRESS	35449	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	PE	<input type="checkbox"/> Delete
NAME	SCHWAB, SHERI	
STREET ADDRESS	5301 BERNADETTE DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33544	
TITLE	D	<input type="checkbox"/> Delete
NAME	PITTMAN, BARBARA	
STREET ADDRESS	38056 CENTRAL AVE.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANDENBURG, JEAN	
STREET ADDRESS	5705 WEDGEFIELD DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	T	<input type="checkbox"/> Delete
NAME	PRILLIMAN, LANI	
STREET ADDRESS	6402 HUNGTON DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHLEEN SULLIVAN	
STREET ADDRESS	6648 JUNIPER COURT	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542	
TITLE	PE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KARIN MOSES	
STREET ADDRESS	35050 DOLPHIN LAKE DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6402 HUNTINGTON DR	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542	

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: *Lani Prilliman* **LANI PRILLIMAN** **2-13-04** **813-780-4278**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #