


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90034 029 \*\*\*\*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.  
City & State  
Zip Country

3. Mailing Address Suite, Apt. #, etc.  
City & State  
Zip Country



1st MOORE CR2E037 (10/04)

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 Karyn Moses  
Street Address (P.O. Box Number is Not Acceptable)  
35050 Dolphin Lake Dr.  
City Zephyrhills FL Zip Code 33541

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 Karyn M. Moses Karyn M. Moses 3/2/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	P	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, KATHLEEN	
STREET ADDRESS	6648 JUNIPER COURT	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	PE	<input checked="" type="checkbox"/> Delete
NAME	MOSES, KARYN	
STREET ADDRESS	35050 DOLPHIN LANE DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	PP	<input checked="" type="checkbox"/> Delete
NAME	SCHWAB, SHERI	
STREET ADDRESS	5301 BERNADETTE DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33544	
TITLE	D	<input checked="" 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	I	<input checked="" type="checkbox"/> Delete
NAME	PRILLIMAN, LANI	
STREET ADDRESS	6402 HUNTINGTON DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karyn Moses	
STREET ADDRESS	35050 Dolphin Lake Dr	
CITY-ST-ZIP	Zephyrhills, FL 33541	
TITLE	PB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Pittman	
STREET ADDRESS	38056 Central Ave.	
CITY-ST-ZIP	Zephyrhills, FL 33540	
TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathleen Sullivan	
STREET ADDRESS	6648 Juniper Ct.	
CITY-ST-ZIP	Zephyrhills, FL 33542	
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	Alice Jones	
STREET ADDRESS	P.O. Box 1690	
CITY-ST-ZIP	Zephyrhills, FL 33539	

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: Karyn Moses / Karyn Moses 3/2/05 813 782-7769  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #