


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90105 033 ****61.25

| | |
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| DOCUMENT # N12891 1. Entity Name PILOT CLUB OF ZEPHYRHILLS, FLORIDA, INC. |  |
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| Principal Place of Business P.O. BOX 624 ZEPHYRHILLS FL 33539 US | Mailing Address P.O. BOX 624 ZEPHYRHILLS FL 33539 US |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E037 (10/06)

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|---------------------------------|---------------------------------|---|--|
| City & State Zip Country | City & State Zip Country | 4. FEI Number NO-T APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
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| 6. Name and Address of Current Registered Agent PITTMAN, BABARA 38056 CENTRAL AVE. ZEPHYRHILLS FL 33540 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
|----------------------------|------------------------|--|----------------|---|---------------------------------|-----------------------------------|--|
| TITLE | PP | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | MOSES, KARYN | | NAME | | | | |
| STREET ADDRESS | 35050 DOLPHIN LAKES DR | | STREET ADDRESS | | | | |
| CITY- ST- ZIP | ZEPHYRHILLS FL 33541 | | CITY- ST- ZIP | | | | |
| TITLE | PP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | PITTMAN, BARBARA | | NAME | | | | |
| STREET ADDRESS | 38056 CENTRAL AVE | | STREET ADDRESS | | | | |
| CITY- ST- ZIP | ZEPHYRHILLS FL 33540 | | CITY- ST- ZIP | | | | |
| TITLE | PP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | STRAUSSNER, JENNIFER | | NAME | | | | |
| STREET ADDRESS | 38121 CENTRAL AVE | | STREET ADDRESS | | | | |
| CITY- ST- ZIP | ZEPHYRHILLS FL 33540 | | CITY- ST- ZIP | | | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | BRANDENBURG, JEAN | | NAME | | | | |
| STREET ADDRESS | 5705 WEDGEFIELD DR. | | STREET ADDRESS | | | | |
| CITY- ST- ZIP | ZEPHYRHILLS FL 33541 | | CITY- ST- ZIP | | | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | JONES, ALICE | | NAME | | | | |
| STREET ADDRESS | PO BOX 1690 | | STREET ADDRESS | | | | |
| CITY- ST- ZIP | ZEPHYRHILLS FL 33539 | | CITY- ST- ZIP | | | | |
| TITLE | SEC | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | TRACY VERRILL | | NAME | | | | |
| STREET ADDRESS | 35019 PERCH DR. | | STREET ADDRESS | | | | |
| CITY- ST- ZIP | ZEPHYRHILLS, FL 33541 | | CITY- ST- ZIP | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Alice Jones, Treasurer ALICE JONES 2-1-07 (813)788-1431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #