

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

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90028 043 ****61.25

DOCUMENT # N14055

1. Entity Name

PILOT CLASS 43-D ASSOCIATION, INC.



Principal Place of Business

316 FLORIDA AVENUE
GULF BREEZE FL 32561-4242
US

Mailing Address

316 FLORIDA AVENUE
GULF BREEZE FL 32561

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2603693

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUTKO, FRANCIS J.
316 FLORIDA AVE.
GULF BREEZE FL 32561

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

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, 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	PD	<input type="checkbox"/> Delete
NAME	DUTKO, FRANCIS J.	
STREET ADDRESS	316 FLORIDA AVE.	
CITY-ST-ZIP	GULF BREEZE FL 32561-4242	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROLLA, FRANK J	
STREET ADDRESS	617 CROWNDRIDGE DR.	
CITY-ST-ZIP	COLORADO SPRINGS CO 80904	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATTON, JOHN M	
STREET ADDRESS	4530 WINEWOOD VILLAGE DR.	
CITY-ST-ZIP	COLORADO SPRINGS CO 80917	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLAIENSKI, EDWARD D	
STREET ADDRESS	55 WOODSIDE TERR	
CITY-ST-ZIP	WESTFIELD MA 01085	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUTCHINSON, W.C.	
STREET ADDRESS	P O BOX 1156	
CITY-ST-ZIP	GARDNERVILLE NV 89410	
TITLE	T	<input type="checkbox"/> Delete
NAME	KORTHALS, DICK	
STREET ADDRESS	2880 INSPIRATION DR	
CITY-ST-ZIP	COLORADO SPRINGS CO	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRES PD.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RACHEL DANIEL E.	
STREET ADDRESS	1251 E. SCHWARTZ BLVD.	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTON, JOHN	
STREET ADDRESS	4530 WINEWOOD VILLAGE DR.	
CITY-ST-ZIP	COLORADO SPRINGS, CO 80917	
TITLE		<input 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2004

Date

850-932-3467

Daytime Phone #