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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N23435

(3)

EAL PILOTS WIVES CLUB OF MIAMI, INC.

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Principal Place of Business			Mailing Address					1 3000101 010	(1 0,00 ,00,01,00,00,00,00,00,00,00,00,00,00,00,	FOR BULL DIGGER	OTOTI OFOER BIBIL	O (BS) A BIB II HOBE	
9735 SW 138 STREET MIAMI FL 33176			9735 SW 138 STREET MIAMI FL 33176-6723										
									3. Date Incorpora 11/12/19		d 3a. 1	Date of Last 02/26/19	
2. Principal Place of Business			2a. Mailing Address						00 7005075			pplied For	
21			26						23-7225	2/0			lot Applicable
Suile, Apt. #, etc.			Suite, Apt. #, etc.						5. Certificate of S	tatus Desired			Additional Required
City & State			City & State					6. Election Camp	aign Financing		\$5.00	May Be	
23			28					Trust Fund Cor	tribution		Addec	to Fees	
Zip	Country		<u> </u>			Country			8. This corporation	•			s. 199.032,
24		25	29		30				Florida Statute		Yes	No	
	9. Name	and Address of Curre	nt negistere	ed Agent		61	Name		10. Name and Ad	Cress of New	Hedistele	a Agent	
						"	Name						
MILLS, ELAINE 9735 SW 138 STREET						62	Street	Addres	ess (P.O. Box Number is Not Acceptable)				
MIAMI F						83							
						84	City	·			F	85 Zip	Code
11. Pursuant office or r	to the provis registered ac	ions of Sections 617.05 pent, or both, in the Stat ith, and accept the obje	02 and 617. e of Florida.	1508, Florida Stati Such change was	utes, the	above zed by	the corp	corpor poration	ration submits this s n's board of directo	tatement for th	e purpose cept the a	of changing ppointment a	its registered s registered
agent. I a	W.	ith, and accept the oblig	ganons of, Si	ection 617.0303, r	riorida St	tatutes	<i>.</i>				1.	11-	011
SIGNATURE	L.	aur s	we	eer								·//- 5	
	Signature typed	or printed name of registered at					nt signature	required	when reinstating)	ANICES TO OF	DATE		
12.		or printed name of registered & OFFICERS A!		ORS	13	3.	nt signaturs	required	when reinstailing) ADDITIONS/CH	ANGES TO OF	DATE	ND DIRECTO	ORS IN 12
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14. I do 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.

SIGNATURE

ENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-97

FILED

Jan 23 1997 8:00am

Secretary of State

Daytime Phone # 0032934