## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

EAL PILOTS WIVES CLUB OF MIAMI, INC.  1 151436-90019-25  Principal Place of Business 9735 SW 138 STREET MAM FL 39176  2 Principal Place of Business 2 SW 128 STREET MAM FL 39176  3 Date Incorporated or Quarified 11/12/1967  2 Principal Place of Business 2 Swith, Apt R, etc. 2 Suite, Apt R, etc. 3 Suite, Apt R, etc. 4 FEI Number 2 City & State 2 City & State 2 City & State 2 City & State 2 Swith, Apt R, etc. 3 City & State 4 FEI Number 2 City & State 5 Centificate of Status Desired 5 Fee Required 9 SS.70 Additional 9 Fee Required 9 SS.00 May Be Acided to Fees 9 Name and Address of Current Registered Agent 10 Name 10 Name 10 Name 11 Name 12 Street Address (P.O. Box Number is Not Acceptable) 11 Pursuant to the provingency of Section 617 SEC2 and 817 SEC8 Feeting Status. 12 Section 1 Section 617 SEC2 and 817 SEC8 Feeting Status. 13 Name 14 City Swith Street Name 15 Name 16 City Swith Swith Carrent for the purpose of changing fire registered Agent 17 Pursuant to the provingency of Section 617 SEC2 and 817 SEC8 Feeting Status. 18 Section 1 Section 617 SEC2 and 817 SEC8 Feeting Status. 19 Section 1 Section 617 SEC2 and 817 SEC8 Feeting Status. 19 Section 1 Section 617 SEC2 and 817 SEC8 Feeting Status. 19 Section 1 Section 617 SEC2 and 817 SEC8 Feeting Status. 19 Section 1 Section 617 SEC2 and 817 SEC8 Feeting Status. 19 Section 1 Section 1 Section 617 SEC2 and 817 SEC8 Feeting Status. 19 Section 1 Section 617 SEC2 and 817 SEC8 Feeting Status. 10 Section 1 Section 1 Section 617 SEC8 Feeting Status. 10 Section 1 Section 617 SEC8 Feeting Status. 11 Section 1 Section 617 SEC8 Feeting Status. 12 Section 1 Section 617 SEC8 Feeting Status. 13 Section 1 Section 617 SEC8 Feeting Status. 14 Section 1 Section 617 SEC8 Feeting Status. 15 Section 1 Section 617	DOCUMENT # N23435  1. Corporation Name					
2. Principal Place of Business 2. Mailing Address 3. Date incorporated or Qualifed 11/12/1987  2. Principal Place of Business 2. Mailing Address 3. Date incorporated or Qualifed 11/12/1987  2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 4. FEI Number 2-23-72/252/75   Not Applicable for 22   27   -23-72/252/75   Not Applicable for 23-72-72/252/75   Not Applicable for 23-72-72/252/75   Not Applicable for 24-72-72/252/75   Not Applicable for 24-72-72-72/252/75   Not Applicable for 24-72-72-72/252/75   Not Applicable for 24-72-72-72/252/75   Not Applicable for 24-72-72-72-72-72-72-72-72-72-72-72-72-72-	EAL PILOTS WIVES CLUB OF MIAMI, INC.				* 1 191438 - 90019 - 25	
### Applied For Suite Apt. #, etc.   2a. Mailing Address   3. Date Incorporated or Qualified   11/12/19867   2a. Mailing Address   3. Date Incorporated or Qualified   11/12/19867   2a. Mailing Address   3. Date Incorporated or Qualified   11/12/19867   2a. Mailing Address   3. Date Incorporated or Qualified   11/12/19867   2a. Mailing Address   5. Certificate of Status Desired   5a.75 Additional   5a.772/252/75   Not Applicable   5a.75 Additional   5a.772/252/75   Not Applicable   5a.75 Address   5a.75 Ad	Principal Place of Business Mailing Address					
Sulte, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  Size Coun						
Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 4. FEI Number	2. Principal Place of Business 2a. Mailing		2a. Mailing Address			
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Applied For Not Appli	21		26			
City & State  City & Country  City & State  City & State  City Country  City & State  City Country	Suite, Apt. #, etc. Suite, Apt. #, e		<b>⊢</b>	-		
23						
Zip Country Zip Country St. Country 6. Election Campaign Financing St. 00 May Be Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 13. Name 14. City FL 85 Zip Code 14. Purpose of Country Name 15. Name 25. Street Address (P.O. Box Number is Not Acceptable) 14. Purpose of Country Name 15. Name 25. Street Address (P.O. Box Number is Not Acceptable) 15. City Name 15. City Nam	L	•			5 Cardifects of Status Desired 11	
9. Name and Address of Current Registered Agent  MILLS, ELAINE 9735 SW 138 STREET MIAMI FL 33176  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment are registered agent, or both, in the State of Florida. Florida State of Florida		Country		Country	6. Election Campaign Financing \$5.00 May Be	
MILLS, ELAINE 9735 SW 138 STREET MIAMI FL 33176  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the appointment as registered spent agent. I am familiar with, and accept the appointment as registered Agent agent by the corporation's board of directors. I hereby accept the appointment as registered agent, agent in with the propose of changing its registered of the proposed agent age	24	.11			Trust Fund Contribution Added to Fees	
MILLS, ELAINE 9735 SW 138 STREET MIAMI FL 33176  82 Street Address (P.O. Box Number is Not Acceptable)  83 Bal City  FL 85 Zip Code  84 City  FL 85 Zip Code  85 Zip Code  86 City  FL 85 Zip Code  87 Code  88 City  FL 85 Zip Code  88 City  FL 85 Zip Code  89 City  FL 85 Zip Code  89 City  FL 85 Zip Code  89 City  FL 85 Zip Code  80 City  FL 85 Zip Code  81 City  FL 85 Zip Code  81 City  FL 85 Zip Code  81 City  FL 85 Zip Code  82 City  FL 85 Zip Code  83 City  FL 85 Zip Code  84 City  FL 85 Zip Code  85 Zip Code  86 City  FL 85 Zip Code  86 City  FL 85 Zip Code  87 Code  89 City Statement for the purpose of changing its registered of directors. I hereby accept the appointment as registered agent and the supplications of Section 817 Code; April 2 Corporation's board of directors. I hereby accept the appointment as registered agent and the supplications of Section 817 Code; April 2 Corporation's board of directors. I hereby accept the appointment as registered agent and the supplications of Section 817 Code; April 2 Corporation's board of directors. I hereby accept the appointment as registered agent and the supplications of Section 817 Code; April 2 Code  81 City States April 2 City Section 817 Code  82 City States April 2 City						
MIAMI FL 33176    83     84   City   FL   85   Zip Code						
### Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE    Signature	9735 SW 138 STREET				<u> </u>	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the applications of Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DEPOBLETE  1.1 TITLE  DUNLEY, PATRICA  1.2 NAME  DUNLEY, PATRICA  1.3 STREET ADDRESS  1.3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.1 TITLE  DUNLEY, PATRICA  1.2 NAME  DUNLEY, PATRICA  1.3 STREET ADDRESS  1.3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.1 TITLE  DUNLEY, PATRICA  1.2 NAME  DUNLEY, PATRICA  1.3 STREET ADDRESS  1.3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.1 TITLE  DUNLEY, PATRICA  1.2 NAME  1.3 STREET ADDRESS  MIAMI FL  1.4 CITY-ST-ZIP  MIAMI FL  DELETE  2.1 TITLE  DURLEY ST-ZIP  MIAMI FL  DELETE  3.1 TITLE  DOWN STREET ADDRESS  3.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  DURLEY, PATRICA  1.1 TITLE  DURLEY ST-ZIP  MIAMI FL  DURLEY	MIAMI FL 33176			83	·	
SIGNATURE Signature. Upped or protect name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  NAME  DUNLEY, PATRICA  STREET ADDRESS  14028 SW 83 PL  MIAMI FL  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PARTICLE  D  WARE PARTICLE  1.1 TITLE  D  WARE PARTICLE  1.2 NAME  1.3 STREET ADDRESS  7/ 3 O S.W 1 O 9 TECKN  MIAMI FL  1.3 STREET ADDRESS  7/ 3 O S.W 1 O 9 TECKN  MIAMI FL  TITLE  D  WERCER, NANCY  21 TITLE  D  WERCER, NANCY  22 NAME  23 STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  TITLE  VPD  STREET ADDRESS  24 CITY-ST-ZIP  MIAMI FL  TITLE  VPD  STREET ADDRESS  25 SW 133 ST  33 STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  TITLE  D  Change  Addition  Addition  ACITY-ST-ZIP  MIAMI FL  TITLE  D  Change  Addition  Addition  ACITY-ST-ZIP  MIAMI FL  TITLE  D  Addition  ACITY-ST-ZIP  MIAMI FL  Change  Addition  Addition  Addition  Addition  Addition  ACITY-ST-ZIP  MIAMI FL  TITLE  D  Addition  Addition  Addition  ACITY-ST-ZIP  MIAMI FL  Change  Addition  Addition  Addition  Addition  ACITY-ST-ZIP  MIAMI FL  TITLE  D  Addition  Addition  ACITY-ST-ZIP  MIAMI FL  ACITY-ST-ZIP  MIAMI FL  ACITY-ST-ZIP  MIAMI FL  ACITY-ST-ZIP  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND AREA  ADDITIONS/CHANGES TO OFFICE AND AREA  ADDITIONS/CHANGES TO OFFICERS AND AREA  ADDITIONS/CHANGES TO OFFICERS AND				84 City	FL 85 Zip Code	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D DUNLEY, PATRICA 12NAME STREET ADDRESS 14028 SW 83 PL 13 STREET ADDRESS 14 CITY-ST-ZIP  MIAMI FL 22NAME 22NAME 23 STREET ADDRESS 12 CITY-ST-ZIP MIAMI FL 23 1.5%  CITY-ST-ZIP MIAMI FL 22NAME 23 STREET ADDRESS 24 CITY-ST-ZIP MIAMI FL 33 1.5%  TITLE VPD D DELETE 3.1 TITLE 2.4 CITY-ST-ZIP MIAMI FL 33 1.5%  CITY-ST-ZIP MIAMI FL 33 1.5%  TITLE VPD D DELETE 3.1 TITLE 3.3 STREET ADDRESS 2.4 CITY-ST-ZIP MIAMI FL 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP MIAMI FL 3.5 SW 138 STREET ADDRESS 9735 SW 138 STREET	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section \$17.0503. Florida Statutes.					
TITLE	SIGNATURE	Signature, typed or printed name of registered ager				
CITY-ST-ZIP   MIAMI FL   2.4 CITY-ST-ZIP   70 1	12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
CITY-ST-ZIP   MIAMI FL   2.4 CITY-ST-ZIP   70 1	TITLE	_	<b>≯</b> OELETÉ	1.1 TITLE	1140101 KRFPLING Change LANGUILLON	
CITY-ST-ZIP   MIAMI FL   2.4 CITY-ST-ZIP   70 1	1 · · · · · · i			1.2 NAME	7130 SW 109 TER	
CITY-ST-ZIP   MIAMI FL   2.4 CITY-ST-ZIP   70 1	\			1.3 STREET ADDRESS	MIAMI FL 33156	
CITY-ST-ZIP   MIAMI FL   2.4 CITY-ST-ZIP   70 1			□ DELETE	1.4 CITY-ST-ZIP	Change Addition	
CITY-ST-ZIP   MIAMI FL   2.4 CITY-ST-ZIP   70 1	1 1	<b>-</b>	<u> </u>	22 NAME	LUCILLE BIVENS	
CITY-ST-ZIP   MIAMI FL   2.4 CITY-ST-ZIP   70 1		•		2.3 STREET ADDRESS	6395 CHAPMAN FIED	
TITLE   VPD   DELETE   3.1 TITLE   Change   Addition	i i			2. 4 CITY-ST-ZIP	MIANI FL 33156	
STREET ADDRESS         8265 SW 133 ST         33 STREET ADDRESS           CITY-ST-ZIP         MIAMI FL         34.CITY-ST-ZIP           TITLE         D         DELETE         4.1 TITLE         Change         Addition           NAME         MILLS, ELAINE         4.2 NAME           STREET ADDRESS         9735 SW 138 STREET         43 STREET ADDRESS		VPD	DELETE	3.1 TITLE	☐ Change ☐ Addition	
CITY-ST-ZIP MIAMI FL 3.4.CITY-ST-ZIP  TITLE D Change Addition  NAME MILLS, ELAINE  STREET ADDRESS 9735 SW 138 STREET  3.4.CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.2 NAME  4.3 STREET ADDRESS	NAME	STEVENS, MARY		3.2 NAME		
TITLE D DELETE 4.1 TITLE Change Addition  NAME MILLS, ELAINE 4.2 NAME  STREET ADDRESS 9735 SW 138 STREET  4.3 STREET ADDRESS	STREET ADDRESS	- <del></del>		3.3 STREET ADDRESS		
NAME MILLS, ELAINE 4.2 NAME STREET ADDRESS 9735 SW 138 STREET 43 STREET ADDRESS			C Science		Change Addition	
STREET ADDRESS 9735 SW 138 STREET 4.3 STREET ADDRESS	l i		יין מברבוב	ł .		
		···		В,		
	)			6		

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

□ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

MILLS 2-20-99

**FILED** 

03-09-1999 90019 025 \*\*\*\*61.25

Mar 09, 1999 8:00 am § Secretary of State

☐ Addition

☐ Addition

☐ Change

Change