FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 22 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24783 (5)

1. Corporation Name
PILOT CLUB OF VENICE, INC.

Principal Place of Business	Mailing Address
1867 SCENIC DR VENICE FL 34293	1867 SCENIC DR VENICE FL 34293

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0016279 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 416 Shamrock Blvd	26 416 Shamrock Blvd
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Venice FL	City & State 28 Venice FL
Zip / County 24 34293 / 25 Sarasota	Zip / County 29 34293 / 30 Sarasota

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KNIES, MARJORIE
1867 SCENIC DRIVE
VENICE FL 34293

10. Name and Address of New Registered Agent

81 Name: Angie Exadaktylos
82 Street Address (P.O. Box Number is Not Acceptable): 416 Shamrock Blvd
83
84 City: Venice FL 85 Zip Code: 34293

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Angie Exadaktylos 5-15-95
(All Registered Agent signatures required after resignation) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	REYKA, JENNIFER	12 NAME	
STREET ADDRESS	1032 MYRTLE AVE.	13 STREET ADDRESS	
CITY ST ZIP	VENICE FL	14 CITY ST ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	EXADAKTYLOS, ANGIE	22 NAME	
STREET ADDRESS	416 SHAMROCK BLVD.	23 STREET ADDRESS	
CITY ST ZIP	VENICE FL	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	WEAVER, ROSE	32 NAME	
STREET ADDRESS	396 HOLLY RD	33 STREET ADDRESS	
CITY ST ZIP	VENICE FL 34293	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LEVAY, HOLLY	42 NAME	
STREET ADDRESS	1119 INDUS RD	43 STREET ADDRESS	
CITY ST ZIP	VENICE FL 34293	44 CITY ST ZIP	
TITLE	PE	51 TITLE	☐ Change ☐ Addition
NAME	LONSBURY, NANCY	52 NAME	
STREET ADDRESS	733 CAREFREE	53 STREET ADDRESS	
CITY ST ZIP	VENICE FL 34285	54 CITY ST ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	HOUGHTON, SHIRLEY	62 NAME	
STREET ADDRESS	498 R & F RANCH RD	63 STREET ADDRESS	
CITY ST ZIP	NOKOMIS FL 34275	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Shirley I. Houghton 4/1/95 813-488-8771
SIGNATURE AND TYPED OR PRINTED NAME OF BIOMING OFFICER OR DIRECTOR — Date — Daytime Phone #
Shirley I. Houghton

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