

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N24783 (5)

1. Corporation Name

PILOT CLUB OF VENICE, INC.



Principal Place of Business  
4867 SCENIC DR  
VENICE FL 34293  
416 SHAM ROCK BLVD  
VENICE FL 34293

Mailing Address  
4867 SCENIC DR  
VENICE FL 34293  
416 SHAM ROCK BLVD  
VENICE FL 34293

2. Principal Place of Business  
21 416 SHAM ROCK BLVD  
Suite, Apt. #, etc.  
22  
City & State  
23 VENICE FL  
Zip  
24 34293  
Country  
25  
2a. Mailing Address  
26 416 SHAM ROCK BLVD  
Suite, Apt. #, etc.  
27  
City & State  
28 VENICE FL  
Zip  
29 34293  
Country  
30

3. Date Incorporated or Qualified  
02/10/1988  
3a. Date of Last Report  
05/22/1995  
4. FEI Number  
65-0016279  
Applied For  
Not Applicable  
5. Certificate of Status Desired  
5.00 Additional  
Fee Required  
6. Election Campaign Financing  
Trust Fund Contribution  
5.00 May Be  
Added to Fees  
7. 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  
1067 SCENIC DRIVE  
VENICE FL 34293

ANGELINA EXADAKTYLOS  
416 SHAM ROCK BLVD  
VENICE FL 34293

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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 617.0503, Florida Statutes.

SIGNATURE Angelina Exadaktylos

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
REYKA, JENNIFER  
1032 MYRTLE AVE.  
VENICE FL  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
EXADAKTYLOS, ANGIE  
416 SHAM ROCK BLVD.  
VENICE FL  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
WEAVER, ROSE  
396 HOLLY RD  
VENICE FL 34293  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
LEVAY, HOLLY  
1119 INDUS RD  
VENICE FL 34293  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PE  
LONSBURY, NANCY  
733 CAREFREE  
VENICE FL 34285  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
HOUGHTON, SHIRLEY  
498 R & F RANCH RD  
NOKOMIS FL 34275

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
TREASURER  
500001847795  
-06/03/96--01033--014  
\*\*\*61.25

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)(k), 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:

Angelina Exadaktylos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-3-96

Daytime Phone #

941-484-0117

05511196

CR2E037 (12/95)