

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2005 8:00 am
Secretary of State

08-30-2005 90031 050 ****61.25

DOCUMENT # N31843

1. Entity Name
PILOT CLUB OF ST. LUCIE COUNTY, INC.



50064051

Principal Place of Business
P O BOX 4505
P. O. BOX 4505
FT PIERCE, FL 34948-1505 US

Mailing Address
P O BOX 4505
P. O. BOX 4505
FT PIERCE, FL 34948-1505 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07012005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0069420

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ADKINS, LORRAINE M
118 YACHT VIEW LANE
FORT PIERCE, FL 34946

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

Lorraine M. Adkins

8/23-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JANET DELUCIA
1701 S.E. LORRAINE ST
PORT ST. LUCIE, FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Stefani F. Tye
2609 N. Indian River Drive
Fort Pierce, Florida 34946 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LOVERIDGE, LOIS
1740 STONYBROOK DRIVE
FORT PIERCE, FL 34945 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mary Dutro
7400 Penny Lane
Fort Pierce, Florida 34951 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ADKINS, LORRAINE M
118 YACHT VIEW LANE
FORT PIERCE, FL 34946 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WOODWARD, JOANNE
295 KING FISHER AVE
FORT PIERCE, FL 34982 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Lorraine M. Adkins **LORRAINE M. ADKINS** *8/23/05* **772-464-5515**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #