FILED
May 16, 2008 8:00 am
Secretary of State
04-15-2008 90026 014 ****61.25

4/15/2008

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N31843

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

66010743

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

01312008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip - Country	Zip - Country

4. FEI Number
65-0089420
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE

Filing Fee is $61.25
Due by May 1, 2008

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 TYE, STEFANI F 2609 N INDIAN RIVER DRIVE FORT PIERCE, FL 34946	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Re~~ KAREN TAYLOR 396 TORPEY RD FP 34946 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PADRICK, MARY G 1140 HERNANDO ST FORT PIERCE, FL 34949	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BARBARA MCKENZIE 606 ~~AZALEA~~ AVE AZALEA AVE FP 34982 ☒ 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 DILL-COLLIER, CAROLYN 101 NORTH ROCK RD FORT PIERCE, FL 34945	☐ 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 exemptions contained in Chapter 119, 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 4/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

LORRAINE M. Adkins