2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35595

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FILED Feb 25, 2009 Secretary of State

Entity Name: NAPLES PILOTS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: P O BOX 536 300 AVIATION DRIVE SOUTH NAPLES, FL 34106536 US PILOT'S LOUNGE NAPLES, FL 34106536 US **Current Mailing Address: New Mailing Address:** P O BOX 536 NAPLES, FL 34106536 US FEI Number: 65-0490694 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPURLOCK, TERRY 8224 POTOMAC LN NAPLES, FL 34104 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition GOOD, JAMES GOOD, JAMES Name: Name: 5035 RUSTIN OAKS CIRCLE Address: 5035 RUSTIN OAKS CIRCLE Address: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34105 City-St-Zip: Title: () Delete Title: (X) Change () Addition PAULK, CHARLES Name: PAULK, CHARLES Name: Address: 4419 CRAYTON ROAD Address: 4419 CRAYTON ROAD City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34103 Title: () Delete Title: (X) Change () Addition ELLIS, DEBORAH ELLIS, DEBORAH Name: Name: 1099 AUGUSTA FALLS WAY 1099 AUGUSTA FALLS WAY Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34119 () Delete Title: Title: () Change () Addition Name: SPURLOCK, TERRY Name: 8224 POTOMAC LANE Address: Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: Title: () Delete Title: VΡ () Change (X) Addition LECROY, CHRIS L Name: Name: 4815 BOXWOOD WAY Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

NAPLES, FL 34116

ROCHIN, DAVID M

NAPLES, FL 34116

1918 ISLA DE PALMA CIRCLE

() Change (X) Addition

SIGNATURE: TERRY SPURLOCK T 02/25/2009

() Delete