


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 09 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45612 (1)
 1. Corporation Name
PILOT CLUB OF TALLAHASSEE FOUNDATION, INC.



Principal Place of Business 2623 NORTH MONROE STREET TALLAHASSEE FL 32303	Mailing Address 2623 NORTH MONROE STREET TALLAHASSEE FL 32303
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3. Date Incorporated or Qualified
10/14/1991

4. FEI Number 59-6009746	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**JANE P. FURLONG
 2623 NORTH MONROE STREET
 TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE TD	NAME JANE P. FURLONG	<input type="checkbox"/> DELETE
STREET ADDRESS 2623 NORTH MONROE ST.	CITY-ST-ZIP TALLAHASSEE FL	
TITLE PD	NAME SANDRA STOCKWELL	<input type="checkbox"/> DELETE
STREET ADDRESS 1032 MERRITT DRIVE	CITY-ST-ZIP TALLAHASSEE FL	
TITLE D	NAME CAROL S. WOLFE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 3701 SUFFOLK DRIVE	CITY-ST-ZIP TALLAHASSEE FL	
TITLE D	NAME EDENFIELD, CHARLOTTE A	<input type="checkbox"/> DELETE
STREET ADDRESS RR 2 BOX 560	CITY-ST-ZIP TALLAHASSEE FL	
TITLE D	NAME SKOGLUND, LINDA O	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS RT. 17, BOX 1324-A	CITY-ST-ZIP TALLAHASSEE FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Jane P. Furlong	
1.3 STREET ADDRESS 2623 North Monroe St	
1.4 CITY-ST-ZIP Tallahassee FL 32303	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Charlotte A. Edenfield	
4.3 STREET ADDRESS 3181 Chaires Cross Rd	
4.4 CITY-ST-ZIP Tallahassee FL 32311	
5.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Dene' Dixon	
5.3 STREET ADDRESS 1445 Mitchell Avenue	
5.4 CITY-ST-ZIP Tallahassee FL 32303	
6.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME Agatha Salters	
6.3 STREET ADDRESS 2623 North Monroe St.	
6.4 CITY-ST-ZIP Tallahassee FL 32303	

14. 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 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: Charlotte A. Edenfield CHARLOTTE A. EDENFIELD 7/6/98 850-894-3000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)