
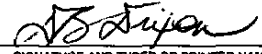


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90040 026 ****61.25

DOCUMENT # N45612 1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3149690	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JANE P. FURLONG 2623 NORTH MONROE STREET TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD		TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FURLONG, JANE P <input checked="" type="checkbox"/> Delete		NAME	BRIDGET D. DERVISH GONZALEZ	
STREET ADDRESS	2623 NORTH MONROE STREET		STREET ADDRESS	628 SUMMERBROOKE DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLFE, CAROL		NAME	4009 TRALEE ROAD	
STREET ADDRESS	3701 SUFFOLK DR		STREET ADDRESS	TALLAHASSEE, FL 32308	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	SD <input checked="" type="checkbox"/> Delete		TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PALMER, NANCY		NAME	JANETTE WAGNER	
STREET ADDRESS	1900 CENTER POINTE BLVD		STREET ADDRESS	129 GOOSE CREEK TRAIL	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	TALLAHASSEE, FL 32317	
TITLE	PD <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIXON, DENE'		NAME	2511 NOBLE DRIVE	
STREET ADDRESS	1445 MITCHELL AVENUE		STREET ADDRESS	TALLAHASSEE, FL 32308	
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALTERS, AGATHA		NAME		
STREET ADDRESS	2623 NORTH MONROE ST		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	DOROTHY MCCASKILL	
STREET ADDRESS			STREET ADDRESS	2623 NORTH MONROE STREET	
CITY-ST-ZIP			CITY-ST-ZIP	TALLAHASSEE, FL 32303	
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:  D.B. DIXON			02/04/04 850-561-0026		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		