

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 08:00 AM
Secretary of State

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



03082006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
 59-3149690

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JANE P. FURLONG
 2623 NORTH MONROE STREET
 TALLAHASSEE, FL 32303

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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

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 May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	DERVISH-GONZALEZ, BRIDGET D
STREET ADDRESS	628 SUMMERBROOKE DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	VD
NAME	WOLFE, CAROL
STREET ADDRESS	4009 TRALEE RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	DIXON, DENE'
STREET ADDRESS	2511 NOBLE DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	SALTERS, AGATHA
STREET ADDRESS	2623 NORTH MONROE ST
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	TD
NAME	MCCASKILL, DOROTHY
STREET ADDRESS	2623 N MONROE ST.
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/19/06-80017-001 70.00

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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: *Dorothy K. McCaskill*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2006 (850)906-0489
 DATE DAY AND PHONE