

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90028 034 ****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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3149690	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02062008 Chg-NP CR2E037 (12/06)	
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 _____ <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, 2008		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DERVISH-GONZALEZ, BRIDGET D		NAME		
STREET ADDRESS	628 SUMMERBROOKE DR.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLFE, CAROL		NAME	VD SCHNEIDER, KAROL	
STREET ADDRESS	4009 TRALEE RD.		STREET ADDRESS	2039 CYNTHIA DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIXON, DENE'		NAME	D MIZELL, BELINDA	
STREET ADDRESS	2511 NOBLE DR.		STREET ADDRESS	1314 JACKSON STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALTERS, AGATHA		NAME	D SUMMERLIN, LINDA	
STREET ADDRESS	2623 NORTH MONROE ST		STREET ADDRESS	2048 FAULK DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCASKILL, DOROTHY		NAME	TD JOHNSON, VICKI M.	
STREET ADDRESS	2623 N MONROE ST.		STREET ADDRESS	4608 CYPRESS COURT	
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	S SCHILLINE, PAMELA	
STREET ADDRESS			STREET ADDRESS	2822 SAPPHIRE CT.	
CITY-ST-ZIP			CITY-ST-ZIP	TALLAHASSEE, FL 32309	
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: <i>Bridget D. Dervish-Gonzalez</i> BRIDGET DERVISH-GONZALEZ 2/7/08 410-9805 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					