

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45612

FILED
Apr 20, 2009
Secretary of State

Entity Name: PILOT CLUB OF TALLAHASSEE FOUNDATION, INC.

Current Principal Place of Business:

2623 NORTH MONROE STREET
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

2623 NORTH MONROE STREET
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-3149690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: DERVISH-GONZALEZ, BRIDGET D
Address: 628 SUMMERBROOKE DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD () Delete
Name: SCHNEIDER, KAROL
Address: 2039 CYNTHIA DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: MIZELL, BELINDA
Address: 1314 JACKSON STREET
City-St-Zip: TALLAHASSEE, FL 32302

Title: D () Delete
Name: SUMMERLIN, LINDA
Address: 2048 FAULK DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD (X) Delete
Name: JOHNSON, VICKI M
Address: 4608 CYPRESS COURT
City-St-Zip: TALLAHASSEE, FL 32303

Title: S (X) Delete
Name: SCHILLINE, PAMELA
Address: 2822 SAPPHIRE COURT
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DERVISH-GONZALEZ, BRIDGET
Address: 628 SUMMERBROOKE DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: TVD (X) Change () Addition
Name: SCHNEIDER, KAROL
Address: 2039 CYNTHIA DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SCHILLING, PAMELA
Address: 2822 SAPPHIRE COURT
City-St-Zip: TALLAHASSEE, FL 32309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: BRIDGET DERVISH-GONZALEZ

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date