

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -5 PM 2:59

DOCUMENT # N92000000262 (7)

1. Corporation Name

SARASOTA BAY PILOT CLUB INC.

Principal Place of Business

Mailing Address

**PILOT INTERNATIONAL
244 COLLEGE STREET
MACON GA 31213-0599**

**PILOT INTERNATIONAL
244 COLLEGE STREET
MACON GA 31213-0599**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1992

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0319266

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

24
Country

29
Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORABITO, ANN
7937 WOOD PONTE COURT
SARASOTA FL 34238**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME ROBINSON, ELIZABETH
STREET ADDRESS 2411 GULF GATE DRIVE
CITY-ST-ZIP SARASOTA FL

TITLE P
NAME MORABITO, ANN,
STREET ADDRESS 7937 WOOD POINT COURT
CITY-ST-ZIP SARASOTA FL

TITLE S
NAME DADDAZIO, MARY ESTHER
STREET ADDRESS 5483 RIVERBLUFF CIR
CITY-ST-ZIP SARASOTA FL

TITLE T
NAME HOLLAWAY, FRANCINA
STREET ADDRESS 5637 FORESTER LAKE DR
CITY-ST-ZIP SARASOTA FL

TITLE D
NAME VARELA, GRACIE
STREET ADDRESS 3448 BEEKMAN PLACE
CITY-ST-ZIP SARASOTA FL

TITLE D
NAME BIGHAM, DOROTHY
STREET ADDRESS 2280 STICKEY POINT RD, A425
CITY-ST-ZIP SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/95

819

921-7631