FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

95 APR 26 AM 10: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N94000006115 (9)**

1. Corporation Name

PRATT & WHITNEY AIRCRAFT FLORIDA OPERATIONS EMPL OYEES' CLUB, INC.

Principal Place of Business

STATE RD. 710
17900 BEELINE HWY
JUPITER FL 33478

Mailing Address

P.O.Box 109600
M/S716-08
West Palm Beach
FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1994

3a. Date of Last Report:

4. FEI Number: 65-0177147 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $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 (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) 33478 Country (30) US

9. Name and Address of Current Registered Agent

HENNEBERGER, JOHN A
4 CARRICK RD.
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City — 85 Zip Code — FL

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 resigning) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	GLINSKI, CARLA	1.2 NAME	Gall, Ida
STREET ADDRESS	14361 HORSESHOE TRACE	1.3 STREET ADDRESS	2936 Ranch Hse. Rd. WPB FL 33406
CITY · ST · ZIP	WEST PALM BEACH FL 33414	1.4 CITY · ST · ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, WILBERT	2.2 NAME	SAME
STREET ADDRESS	3815 HEATH CIRCLE SOUTH	2.3 STREET ADDRESS	
CITY · ST · ZIP	WEST PALM BEACH FL 33407	2.4 CITY · ST · ZIP	
TITLE	DT	3.1 TITLE	☐ Change ☐ Addition
NAME	CAPUTE, RON	3.2 NAME	SAME
STREET ADDRESS	17654 121ST TERRACE NORTH	3.3 STREET ADDRESS	
CITY · ST · ZIP	JUPITER FL 33478	3.4 CITY · ST · ZIP	
TITLE	DS	4.1 TITLE	DS ☒ Change ☐ Addition
NAME	DIPINO, MARGARET	4.2 NAME	Johnston, Paige
STREET ADDRESS	1518 LANCE RD.	4.3 STREET ADDRESS	509 S. Carolina Drive
CITY · ST · ZIP	JUPITER FL 33469	4.4 CITY · ST · ZIP	Stuart FL 34994
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY · ST · ZIP		5.4 CITY · ST · ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY · ST · ZIP		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)(k), 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if applicable), or on an attachment with an address.

SIGNATURE: Ida Gall President — 4/11/95 — 407-796-6982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0081683