

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1998 8:00am
Secretary of State

• NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003210 (8)**

1. Corporation Name

PILOT CLUB OF YBOR CITY INC.



Principal Place of Business	Mailing Address
11525 ARECA RD TAMPA FL 33618	11525 ARECA RD TAMPA FL 33618

3. Date Incorporated or Qualified
06/03/1997

4. FEI Number	Applied For
69-3447639	<input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent	
DE LA CRUZ, BLANCHE R 11525 ARECA RD TAMPA FL 33618	

10. Name and Address of New Registered Agent	
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Blanche R. De La Cruz **BLANCHE R. DE LA CRUZ** **4-8-98**
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	<input checked="" type="checkbox"/> DELETE
NAME	PRESIDENT JOANITA SMITH
STREET ADDRESS	11633 COUNTRY RUN RD
CITY-ST-ZIP	TAMPA FL 33634
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VICE PRES STEPHANIE OLENSKI
STREET ADDRESS	1348 HARBOR LAKE DR
CITY-ST-ZIP	LARGO FL 33770
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	TREASURER BLANCHE DE LA CRUZ
STREET ADDRESS	11525 ARECA RD
CITY-ST-ZIP	TAMPA FL 33618
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRESIDENT STEPHANIE OLENSKI
1.3 STREET ADDRESS	1348 HARBOR LAKE DR
1.4 CITY-ST-ZIP	LARGO FL 33770
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VICE PRES BLANCHE DE LA CRUZ
2.3 STREET ADDRESS	11525 ARECA RD
2.4 CITY-ST-ZIP	TAMPA FL 33618
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TREASURER CAROLYN DUKE
3.3 STREET ADDRESS	3405 TYSON AVE
3.4 CITY-ST-ZIP	TAMPA FL 33611
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOANNE HUBERT
4.3 STREET ADDRESS	3941 DORAL DR
4.4 CITY-ST-ZIP	TAMPA FL 33634
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ERIN CURTIS
5.3 STREET ADDRESS	8307 BOXWOOD DR
5.4 CITY-ST-ZIP	TAMPA FL 33615
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ADENA ARBUJELT
6.3 STREET ADDRESS	3211 SWANN AVE #311
6.4 CITY-ST-ZIP	TAMPA FL 33609

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Blanche R. De La Cruz **BLANCHE R. DE LA CRUZ** **4/8/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

CR2E037 (10/97)