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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003210

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

2. Principal Place of Business

21 **3405 Tyson Ave**

Suite, Apt. #, etc.

22 City & State
Tampa FL

23 Zip
33611

24 Country
Hillsborough

2a. Mailing Address

26 **3405 Tyson Ave**

Suite, Apt. #, etc.

27 City & State
Tampa FL

28 Zip
33611

29 Country
Hillsborough

3. Date Incorporated or Qualified

06/03/1997

4. FEI Number

59-3444639

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

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 **Carolyn J. Duke**
82 Street Address (P.O. Box Number is Not Acceptable)
3405 Tyson Ave
83
84 City **Tampa** FL 85 Zip Code **33611**

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 **Carolyn J. Duke, Treasurer**

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

(NOTE: Registered Agent signature required when reinstating)

1-31-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	STEPHANIE OLENOSKI	
STREET ADDRESS	1348 HARBOR LAKE DR	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BLANCHE DE LACRUZ	
STREET ADDRESS	11525 ARECA RD	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CAROLYN DUKE	
STREET ADDRESS	3405 TYSON AVE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOANNE HUBERT	
STREET ADDRESS	3941 DORAL DR	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ERIN CURTIS	
STREET ADDRESS	8307 BOYWOOD DR	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADELLA ARGUELLES	
STREET ADDRESS	3211 SW ANN AVE #311	
CITY-ST-ZIP	TAMPA FL 33609	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-99

Date

813-837-2563

Daytime Phone #

CR2E037 (1/98)