

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90168 012 ****61.25

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1. Entity Name

PILOT CLUB OF PENSACOLA FOUNDATION, INC.



Principal Place of Business
6160 N DAVIS HWY
STE #7
PENSACOLA FL 32504
US

Mailing Address
PO BOX 965
PENSACOLA FL 32591

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

31-1672379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEARS, M A
6160 N DAVIS HWY
STE 7
PENSACOLA FL 32504

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUNDE, VIRGINIA	
STREET ADDRESS	8237 LYRIC DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DEAKINS, SHARON	
STREET ADDRESS	2721 WILDE LAKE BLVD.	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	P	<input type="checkbox"/> Delete
NAME	BOOZER, JACKIE	
STREET ADDRESS	5975 AVELYN RD.	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STANLEY, MARY	
STREET ADDRESS	1763 FAIRCHILD ST.	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POKRANT, ELAINE	
STREET ADDRESS	1311 N. 18TH AVE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MILLS, ERMIN S	
STREET ADDRESS	1630 KINSALE DR.	
CITY-ST-ZIP	CANTONMENT FL 32533	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COMBS, DEBBIE	
STREET ADDRESS	4249 FUTURA DR.	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHANNON, JANET	
STREET ADDRESS	1243 CATHLEEN DR.	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDERSON, JETTE	
STREET ADDRESS	4800 LAJOLLA	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANCE, CONNIE	
STREET ADDRESS	1928 CROWN POINTE BLVD	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, MARTHA	
STREET ADDRESS	5556 SHADOW GROVE BLVD	
CITY-ST-ZIP	PENSACOLA FL 32526	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ermin S. Mills ERMIN S. MILLS

3/1/05 (850) 968-4677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #