

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700157

**FILED**  
**Feb 16, 2015**  
**Secretary of State**  
**CC2094946355**

**Entity Name:** PILOT CLUB OF FT MYERS FLA INC

**Current Principal Place of Business:**

C/O NANCY CAMPBELL  
7580 TWIN EAGLE LANE  
FT. MYERS, FL 33912

**Current Mailing Address:**

C/O NANCY CAMPBELL  
7580 TWIN EAGLE LANE  
FT. MYERS, FL 33912 US

**FEI Number:** 59-6151500

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JENSEN, DIANE  
% PAVESE, GARNER, ET AL  
1833 HENDRY ST.  
FT MYERS, FL 33901 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           CAMPBELL, NANCY M  
Address        7580 TWIN EAGLE LANE  
City-State-Zip: FORT MYERS FL 33912

Title           SECRETARY  
Name           VAN COONEY, JODY  
Address        7086 BRANDYWINE CIRCLE WEST  
City-State-Zip: FORT MYERS FL 33919

Title           PRESIDENT  
Name           LINDA, HESSLER  
Address        1245 SHADOW LANE  
City-State-Zip: FORT MYERS FL 33901

Title           DIRECTOR  
Name           BETTY, BUSBEE  
Address        5901 BRIARCLIFF ROAD  
City-State-Zip: FORT MYERS FL 33912

Title           PRESIDENT ELECT  
Name           TORTORA, PATRICIA  
Address        5652 ARVINE CIRCLE #1401  
City-State-Zip: FORT MYERS FL 33919

Title           DIRECTOR  
Name           KIESEL, DOROTHY L  
Address        5836 WILD FIG LANE  
City-State-Zip: FORT MYERS FL 33919

Title           DIRECTOR  
Name           D'ALESSANDRO, FRANCES  
Address        5695 ARVINE CIRCLE  
City-State-Zip: FORT MYERS FL 33919

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NANCY M. CAMPBELL

**TREASURER**

**02/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date