## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **DOCUMENT # 733742**

1. Entity Name

## THE APOLLO CHARITY CLUB, INC., OF ESCAMBIA COUNTY FLORIDA



NAME STREET ADDRESS CITY-ST-ZIP  TITLE D NETTLES, ANDRE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE D NETTLES, ANDRE 2345 TRUMAN CIRCLE PENSACOLA FL 32505  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREUGHIN, MAZUL STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREUGHIN, MAZUL NAME STREUGHIN, MAZUL STREUGHIN, MAZUL NAME STREUGHIN, MAZUL STREUGHIN, MAZUL NAME NAME NAME NAME STREUGHIN, MAZUL NAME NAME NAME NAME STREUGHIN, MAZUL NAME NAME NAME NAME NAME NAME NAME NAME	Principal Plac	e of Business	Mailing Address	Mailing Address			- ,				
Suite. Apt 4 etc.  Suite. Apt 4											
City & State  Ci	2. Principal Place of Business		3. Mailing Address					in 1994 Sinii Sinii Ola	41 01011 BIBII BIBI	!! <b>!!! !! {!!!</b>	
Zip Country Zip Country S. Certificate of Status Desired   \$8.75 Additional Fee Required   \$1. Certificate of Status Desired   \$1. Status Desired Desired Agent   \$1. Status Desired Desired Agent   \$1. Status Desired De	Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st M	1st MOORE CR2E037 (10/05)				
Country   Country   Country   Country   Country   S. Certificate of Status Desired   S8.75 Acatistons Per Required   S8.75 Acatistons   September	City & Stat	е	City & State	City & State			5 <del>9</del> -181941	6	-	<del> </del>	
ROGERS, GEORGE E 3205 W. JACKSON ST. PENSACOLA FL 32505  City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL Zip Code  6. 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 citigations of registered agent.  SIGNATURE	Zip		Zip	Cou	ntry	5. Certificate of S	Status Desired		8.75 Add	litional	
Since I Address (P.O. Box Number is Not Acceptable)  Since I Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City  Ci	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
S205 W. JACKSON ST. PENSACOLA FL 32505  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  SIGNA	and the second s				Name						
E. 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    SUBMATURE     Suprame type of prince runs of registered agent and this illustrature   (ACTE, Registered Agent registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE     Suprame type of prince runs of registered agent.   I am familiar with, and accept the obligations of registered agent.   I am familiar with, and accept the obligations of registered agent.   I am familiar with, and accept the obligations of registered agent.   I am familiar with, and accept the obligations of registered agent.   I am familiar with, and accept the obligations of registered agent.   I am familiar with, and accept the obligations of registered agent.   I am familiar with, and accept the obligations of registered agent.   I am familiar with, and accept the obligations of registered agent.   I am familiar with, and accept the obligations of registered agent.   I am familiar with, and accept the obligations of registered agent.   I am familiar with, and accept the obligations of registered agent.   I am familiar with, and accept the obligations of registered agent.   I am familiar with, and accept the obligations of registered agent.   I am familiar with, and accept the obligations of registered agent.   I am familiar with, and accept the obligations of registered agent.   I am familiar with, and accept the obligation of registered agent.   I am familiar with, and accept the familiar with, and accept the obligations of registered agent.   I am familiar with, and accept the familiar with, and accept the familiar with addition of the familiar with and accept the familiar with and accept the familiar with and accept	3205 W. JACKSON ST.				Street Address (P.O. Box Number is Not Acceptable)						
SIGNATURE    Signature typed a period raine of registered agent and title of septemble (NOTE Payshered Ages expanse required Afron remotioning)   DATE					City			FL	Zip Code	e	
FILE NOW: FEE IS \$61.25 Due: By May 1, 2006  Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE SPENCER, CAMILIA H 376 WELCOME CIR. CANTONMENT FL 32533  CITY-ST-2P  ODOMS, EDGAR 1608 CHAPPIE PLACE PORSACOLA FL  TITLE D NETTLES, ANDRE STRET ADDRESS STRET ADDRESS STRET ADDRESS STRET ADDRESS CITY-ST-2P  TITLE D TREE TREE	the obligat	lions of registered agent.					n the State of F		irnillar with,	and accept	
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	ODOMS, EDGAR 1608 CHAPPIE PLACE	☐ Delete	NAM STRE	E Et address				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP CANTONMENT FL 32533  TITLE NAME ROGERS, GEORGE E STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32905  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	NETTLES, ANDRE 2345 TRUMAN CIRCLE	☐ Defete	NAM STRE	E Et address				Change	Addition	
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	NAME STREET ADDRESS		☐ Delete	NAM STRE	ET ADDRESS				☐ Change	Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 6- EORGE E. ROGERS BEOLIGE EROLLS

3-27-06

850 4338880

**FILED** 

Apr 18, 2006 8:00 am Secretary of State 04-18-2006 90089 026 \*\*\*\*61.25