

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 733742

1. Entity Name

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



Principal Place of Business

Mailing Address

2117 W. TOWN STREET
PENSACOLA FL 32505

2117 W. TOWN STREET
PENSACOLA FL 32505



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1819416

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

ROGERS, GEORGE E
3205 W. JACKSON ST.
PENSACOLA FL 32505

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, 2007

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 P ☐ Delete
NAME SPENCER, CAMILIA H
STREET ADDRESS 376 WELCOME CIR.
CITY-ST-ZIP CANTONMENT FL 32533

TITLE VP ☐ Delete
NAME ODOMS, EDGAR
STREET ADDRESS 1608 CHAPPIE PLACE
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ Delete
NAME NETTLES, ANDRE
STREET ADDRESS 2345 TRUMAN CIRCLE
CITY-ST-ZIP PENSACOLA FL 32505

TITLE D ☐ Delete
NAME STRAUGHN, MAJOR
STREET ADDRESS 351 QUINTERRE RD.
CITY-ST-ZIP CANTONMENT FL 32533

TITLE D ☐ Delete
NAME ROGERS, GEORGE E
STREET ADDRESS 3205 W. JACKSON ST.
CITY-ST-ZIP PENSACOLA FL 32905

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 000000692078
STREET ADDRESS 04/13/07-80036-012 61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Camilia H. Spencer*

3-30-07