

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90066 019 \*\*\*\*61.25

**DOCUMENT # N02000000495**

1. Entity Name  
**PENSACOLA CAMELLIA CLUB FOUNDATION, INC.**



Principal Place of Business <b>ONE NORTH PALAFOX STREET          ROOM 517          PENSACOLA, FL 32501</b>	Mailing Address <b>ONE NORTH PALAFOX STREET          ROOM 517          PENSACOLA, FL 32501</b>
---	---

**DO NOT WRITE IN THIS SPACE**



02062006 No Chg-NP CR2E037 (11/05)

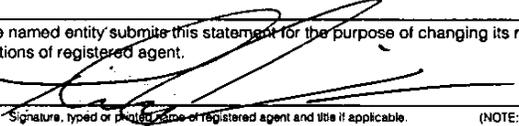
4. FEI Number <b>03-0384090</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**VINSON, ROGER  
 ONE NORTH PALAFOX STREET  
 ROOM 517  
 PENSACOLA, FL 32501**

**DO NOT WRITE IN THIS SPACE**

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:  **Roger Vinson** 2/14/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

**Filing Fee Is \$81.25  
 Due by May 1, 2006**

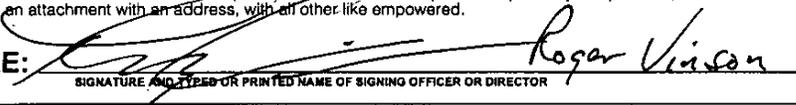
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR VINSON, ROGER 1905 E. STRONG STREET PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR O'DONNELL, JACK 1245 LAPAZ STREET PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR EADE, GORDON 8101 MONTICELLO DRIVE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Bob Bothfeld 421 Kenilworth Ln Gulf Breeze, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Jim Turek 2494 Bonanza Dr Cantonment, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **Roger Vinson** 2/14/06 (850) 435-8444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #