

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000000495

1. Entity Name
PENSACOLA CAMELLIA CLUB FOUNDATION, INC.



Principal Place of Business
**ONE NORTH PALAFOX STREET
ROOM 517
PENSACOLA, FL 32501**

Mailing Address
**ONE NORTH PALAFOX STREET
ROOM 517
PENSACOLA, FL 32501**



02092007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0384090

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/07

**Filing Fee is \$61.25
Due by May 1, 2007**

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
BOTHFELD, BOB
421 KENILWORTH LN
GULF BREEZE, FL 32561**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
TUREK, JIM
2494 BONANZA DR
CANTONMENT, FL 32533**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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02/27/07-80027-025.61.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/07

880 4358444