

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90215 034 ****61.25

DOCUMENT # N11355 1. Entity Name LIFELINE-PILOT CLUB OF DEFUNIAK SPRINGS, INC.					
Principal Place of Business C/O RUTH EVANS P.O. BOX 802 DEFUNIAK SPRINGS, FL 32535 US			Mailing Address C/O RUTH EVANS P.O. BOX 802 DEFUNIAK SPRINGS, FL 32535 US		
2. Principal Place of Business C/O PAMELA ODOM Suite, Apt. #, etc. PO Box 802			3. Mailing Address C/O PAMELA ODOM Suite, Apt. #, etc. PO Box 802		
City & State DEFUNIAK SPRINGS, FL			City & State DEFUNIAK SPRINGS, FL		
Zip 32435		Country US		4. FEI Number 59-2570192	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PETERS, VONNIE C 1328 COLLINSWORTH RD WESTVILLE, FL 32464			7. Name and Address of New Registered Agent Name PAMELA ODOM Street Address (P.O. Box Number is Not Acceptable) 4277 US Hwy. 90 E City DEFUNIAK SPRINGS FL Zip Code 32433		
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 <u>Pamela Odom</u> PAMELA ODOM TREASURER 4/27/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RHODES, MARYLENE 410 TEN LAKE RD DEFUNIAK SPRINGS, FL 32433	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CINDY MCKINLEY 718 WALTON ROAD DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARVELL, PATRICIA 106 SOUTH 13TH STREET DEFUNIAK SPRINGS, FL 32435	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D PAMELA ODOM 4277 US Hwy. 90 E DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GEOGHAGAN, JEAN 1454 COUNTY HIGHWAY 2A DEFUNIAK SPRINGS, FL 32435	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EVANS, RUTH 24 ARBUTUS AVE DEFUNIAK SPRINGS, FL 32435	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DEES, MARTHA PO DRAWER 627(215 LAKEVIEW DRIVE) DEFUNIAK SPRINGS, FL 32435	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCANELLY, SHIRLEY 177 MCANELLY ROAD DEFUNIAK SPRINGS, FL 32435	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Pamela Odom</u> PAMELA ODOM 4/27/05 850-892-2111 x130 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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