


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90414 014 \*\*\*\*61.25

<b>DOCUMENT # N11355</b> 1. Entity Name <b>LIFELINE-PILOT CLUB OF DEFUNIAK SPRINGS, INC.</b>					
Principal Place of Business <b>C/O PAMELA ODOM P.O. BOX 802 DEFUNIAK SPRINGS, FL 32535 US</b>			Mailing Address <b>C/O PAMELA ODOM P.O. BOX 802 DEFUNIAK SPRINGS, FL 32535 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2570192</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ODON, PAMELA 4277 US HWY 90 E DEFUNIAK SPRINGS, FL 32433</b>			Name <b>CORRECTION - ODOM</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
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	<b>D RHODES, MARYLENE 410 TEN LAKE RD DEFUNIAK SPRINGS, FL 32433</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCKINLEY CINDY 718 WALTON ROAD DEFUNIAK SPRINGS, FL 32433</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HARVELL, PATRICIA 106 SOUTH 13TH STREET DEFUNIAK SPRINGS, FL 32435</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T D ODOM, PAMELA 4277 US HWY 90 E DEFUNIAK SPRINGS, FL 32433</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GEOGHAGAN, JEAN 1454 COUNTY HIGHWAY 2A DEFUNIAK SPRINGS, FL 32435</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOONEY, BECKIE 62 BAY AVENUE DEFUNIAK SPRINGS, FL 32435</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D EVANS, RUTH 24 ARBUTUS AVE DEFUNIAK SPRINGS, FL 32435</b> <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	<b>VD DEES, MARTHA PO DRAWER 627(215 LAKEVIEW DRIVE) DEFUNIAK SPRINGS, FL 32435</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P D DEES, MARTHA 215 LAKEVIEW DRIVE DEFUNIAK SPRINGS, FL 32433</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCANELLY, SHIRLEY 177 MCANELLY ROAD DEFUNIAK SPRINGS, FL 32435</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V D MCANELLY, SHIRLEY 177 MCANELLY ROAD DEFUNIAK SPRINGS, FL 32435</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <u>Pamela Odom</u> PAMELA ODOM.</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>4/27/06</b> <b>850-892-2111x330</b> Date Daytime Phone #		