2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N11355 1. Entity Name LIFELINE-PILOT CLUB OF DEFUNIAK SPRINGS, INC.				05	-01-2006 9	0414 014 ****6	1.25
Principal Place of Business C/O PAMELA ODON P.O. BOX 802 DEFUNIAK SPRINGS, FL 32535 US Mailing Address C/O PAMELA ODON P.O. BOX 802 DEFUNIAK SPRINGS, FL 32535 DEFUNIAK SPRINGS, FL			US	1	188 III TI BIIBI SIII B	IITH BITIL BIBIL BIBIL BIBIL BIBIL BI	Tillål filmti
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Apt. #, etc.		01122006 Ch	g-NP	CR2E037 (11/05)	
City & State City & State				4. FEI Number 59-2570192	2		pplied For ot Applicable
Zip Country	Zip	Country		5. Certificate of Star	tus Desired	□ \$8.75 Add Fee Require	ditional ed
6. Name and Address of Current F	Registered Agent			7. Name and Addre	ess of New Re	gistered Agent	
ODON, PAMELA			Name CORRECTION - ODOM				
4277 US HWY 90 E DEFUNIAK SPRINGS, FL 32433			Street Address (P.O. Box Number is Not Acceptable)				
<u> </u>	x	-	ty		-	FL Zip Cod	le
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 F					ne State of Flori	,	, and accept
the obligations of registered agent.							
·							
SIGNATURE Signature, typed or printed hame of registered agent a	nd title if applicable. (NOTE	: Registered Age	it signature required	t when reinstating)		DATE	
Filing Fee Is \$61,25 9. Election Camp Due by May 1, 2006 Trust Fund Cor			cing	\$5.00 May Be Added to Fees		ke check payable t la Department of S	
10. OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANGE:	S TO OFFICERS	S AND DIRECTORS IN	l 10
TITLE D	Delete	TITLE	\mathcal{D}	11	217	Change	Addition
NAME RHODES, MARYLENE		NAME	McK	WALTON PO	ax		
STREET ADDRESS 410 TEN LAKE RD CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433		STREET ADI	P XFF	WHITON FOR	Nes Fl	32433	
TITLE PD	Delete	TITLE		D -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	Addition
NAME HARVELL, PATRICIA		NAME	000	m, PAMELA	9		
STREET ADDRESS 106 SOUTH 13TH STREET CITY-SI-ZIP DEFUNIAK SPRINGS, FL 32435		STREET ADO		TUSHWY TUNIAK SPR	Joles F	77.422	
TITLE SD	☐ Defete	TITLE	7	_	11083,76	☐ Change	Addition
NAME GEOGHAGAN, JEAN		NAME	ma	ONEY, BECH	4E	•	\sim
STREET ADDRESS 1454 COUNTY HIGHWAY 2A CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32435		STREET ADI	AESS 62	BAY AVENU FUNIAK SPR.	F. F	1 301/21-	
TITLE D	☐ Delete	TITLE	PET	-UNITER SPR	INES, 1	Change	Addition
NAME EVANS, RUTH	_ 5000	NAME					receiven
STREET ADDRESS 24 ARBUTUS AVE		STREET ADO	RESS				
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32435		CITY-ST-Z	Ρ				i
THILE VD	☐ Delete	TITLE	P^{2}	グ		Change Change	Addition .
DEES MADTHA	_ built	N444F		- he namel 1			_
NAME DEES, MARTHA STREET ADDRESS PO DRAWER 627/215 LAKEVIEW		NAME STREET ADD	DEE	S MARTHA	DRIVE		_
NAME DEES, MARTHA STREET ADDRESS PO DRAWER 627(215 LAKEVIEW CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32435		NAME STREET ADD CITY-ST-ZI	RESS 2 15 DE 7	S, MARTHA LAKEVIEW FUNIAK SPR	DRIVE INFS, F	-L 32433	_
STREET ADDRESS CITY-ST-2IP DEFUNIAK SPRINGS, FL 32435 TITLE D		STREET ADD	DEE 2 /5 DE / V Z	S MARTHA LAKEVIEW FUNIAK SPR	DRIVE INFS, F	= <u>L</u> 32433	☐ Addition
STREET ADDRESS CITY-ST-2IP DEFUNIAK SPRINGS, FL 32435 TITLE NAME D MCANELLY, SHIRLEY	V DRIVE)	STREET ADD CITY-ST-ZI TITLE NAME	DEE 2/5 DE P V D MC/	S MARTHA LAKEVIEW FUNIAK SPR DANIELLY, SHI	DRIVE INFS, F	= <u>C</u> 32433	☐ Addition
STREET ADDRESS CITY-ST-2IP DEFUNIAK SPRINGS, FL 32435 TITLE D	V DRIVE)	STREET ADD CITY-ST-ZI	DE 2 /5 DE 7 V Z MC/P	S MARTHA LAKEVIEW FUNIAL SPR ANELLY SHI MCANELLY VWIAK SPRI	DRIVE INFS, F POAD	=	☐ Addition

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

850-892-21/1×330