


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90172 002 ****61.25

DOCUMENT # N11355	
1. Entity Name LIFELINE-PILOT CLUB OF DEFUNIAK SPRINGS, INC.	

Principal Place of Business C/O PAMELA ODOM P.O. BOX 802 DEFUNIAK SPRINGS, FL 32535 US	Mailing Address C/O PAMELA ODOM P.O. BOX 802 DEFUNIAK SPRINGS, FL 32535 US
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40080249



2. Principal Place of Business - No P.O. Box # c/o PAMELA ODOM	3. Mailing Address c/o PAMELA ODOM
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01192007 Chg-NP CR2E037 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 59-2570192	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent ODOM, PAMELA 4277 US HWY 90 E DEFUNIAK SPRINGS, FL 32433	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

Filing Fee Is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ODOM, PAMELA 4277 UNITED STATES HIGHWAY 90 EAST DEFUNIAK SPRINGS, FL 32433 <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	PD HARVELL, PATRICIA 106 SOUTH 13TH STREET DEFUNIAK SPRINGS, FL 32435 <input checked="" 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	SD GEOGHAGAN, JEAN 1454 COUNTY HIGHWAY 2A DEFUNIAK SPRINGS, FL 32435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DEFUNIAK SPRINGS, FL 32433
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	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 360 COUNTRY MANOR ROAD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEES, MARTHA 215 LAKEVIEW DRIVE DEFUNIAK SPRINGS, FL 32433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 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 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: PAMELA ODOM **PAMELA ODOM** **4/24/07** **850-892-5069** **X330**

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

City

FL

Zip Code

ATTACHMENT

40080249

ing its registered office or registered agent, in the State of Florida. I am familiar with, and accept

(NOTE: Registered Agent signature required when reinstating)

DATE

ction Campaign Financing
st Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINLEY, CINDY 227 HOLLAND ROAD DEFUNIAK SPRINGS, FL 32433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOONEY, BECKIE 62 BAY AVENUE DEFUNIAK SPRINGS, FL 32435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHODES, MARYLENE 402 TEN LAKE DRIVE DEFUNIAK SPRINGS, FL 32433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

#N11355

qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if empowered.

NG OFFICER OR DIRECTOR

Date

Daytime Phone #