

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90030 041 \*\*\*\*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**

**40055484**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2570192**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ODOM, PAMELA  
4277 US HWY 90 E  
DEFUNIAK SPRINGS, FL 32433**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete  
NAME **ODOM, PAMELA**  
STREET ADDRESS **4277 UNITED STATES HIGHWAY 90 EAST**  
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**

TITLE **D** ☐ Delete  
NAME **GEOGHAGAN, JEAN**  
STREET ADDRESS **1454 COUNTY HIGHWAY 2A**  
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**

TITLE **SD** ☐ Delete  
NAME **EVANS, RUTH**  
STREET ADDRESS **360 COUNTRY MANOR ROAD**  
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32435**

TITLE **PD** ☐ Delete  
NAME **DEES, MARTHA**  
STREET ADDRESS **215 LAKEVIEW DRIVE**  
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**

TITLE **VD** ☐ Delete  
NAME **MCANELLY, SHIRLEY**  
STREET ADDRESS **177 MCANELLY ROAD**  
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32435**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **McKINLEY, CINDY**  
STREET ADDRESS **227 HOLLAND ROAD**  
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/08**

Date


**850-892-5069**

Daytime Phone #

**X 330**

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## ATTACHMENT

<b>DOCUMENT # N11355</b> 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2570192	
Zip		Country		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 -	
ODOM, PAMELA 4277 US HWY 90 E DEFUNIAK SPRINGS, FL 32433				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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, 2008</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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		D MOONEY, BECKIE 62 BAY AVENUE DEFUNIAK SPRINGS, FL 32435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		D RHODES, MARYLENE 402 TEN LAKE DRIVE DEFUNIAK SPRINGS, FL 32433	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: <u>Pamela Odom</u> <b>PAMELA Odom</b>			3/28/08 850-892-5069 x330		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		