

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11355

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** LIFELINE-PILOT CLUB OF DEFUNIAK SPRINGS, INC.

**Current Principal Place of Business:**

C/O PAMELA ODOM  
P.O. BOX 802  
DEFUNIAK SPRINGS, FL 32535 US

**New Principal Place of Business:**

449 N 12TH STREET  
DEFUNIAK SPRINGS, FL 32433 US

**Current Mailing Address:**

C/O PAMELA ODOM  
P.O. BOX 802  
DEFUNIAK SPRINGS, FL 32535 US

**New Mailing Address:**

PO BOX 802  
DEFUNIAK SPRINGS, FL 32435 US

**FEI Number:** 59-2570192

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: ODOM, PAMELA  
Address: 4277 UNITED STATES HIGHWAY 90 EAST  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D ( ) Delete  
Name: GEOGHAGAN, JEAN  
Address: 1454 COUNTY HIGHWAY 2A  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: SD ( ) Delete  
Name: EVANS, RUTH  
Address: 360 COUNTRY MANOR ROAD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: PD ( ) Delete  
Name: DEES, MARTHA  
Address: 215 LAKEVIEW DRIVE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: VD ( ) Delete  
Name: MCANELLY, SHIRLEY  
Address: 177 MCANELLY ROAD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D ( ) Delete  
Name: MCKINNEY, CINDY  
Address: 227 HOLLAND RD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: MOONEY, BECKIE  
Address: 62 BAY AVENUE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D (X) Change ( ) Addition  
Name: MCKINLEY, CINDY  
Address: 227 HOLLAND RD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA ODOM

TD

04/21/2009

Electronic Signature of Signing Officer or Director

Date