

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11355

FILED
Feb 22, 2011
Secretary of State

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

Current Principal Place of Business:

449 N 12TH STREET
DEFUNIAK SPRINGS, FL 32433 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 802
DEFUNIAK SPRINGS, FL 32435 US

New Mailing Address:

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

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

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

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

Title: VD
Name: MOONEY, BECKIE
Address: 62 BAY AVENUE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D
Name: MCKINLEY, CINDY
Address: 227 HOLLAND RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

I hereby 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 all other like empowered.

SIGNATURE: PAMELA ODOM

TD

02/22/2011

Electronic Signature of Signing Officer or Director

Date