

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90081 046 ****61.25

DOCUMENT # N30081

1. Entity Name

PENSACOLA CAMELLIA CLUB, INC.



Principal Place of Business
%J.H. O'DONNELL, JR.
1245 LAPAZ
PENSACOLA FL 32506

Mailing Address
%J.H. O'DONNELL, JR.
1245 LAPAZ
PENSACOLA FL 32506

20014205



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2366442

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

O'DONNELL, J.H. JR.
1245 LAPAZ
PENSACOLA FL 32506

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 MORRIS, THEKLA W
STREET ADDRESS 579 MAN OWAR CIRCLE
CITY-ST-ZIP CANTONMENT FL 32533

TITLE ~~PD~~ ☐ Delete
NAME BRADY, CARL E
STREET ADDRESS 825 N 77TH AVE
CITY-ST-ZIP PENSACOLA FL 32506

TITLE ~~VPD~~ ☐ Delete
NAME BENNETT, WILLIAM
STREET ADDRESS 3846 MENENDEZ DR
CITY-ST-ZIP PENSACOLA FL 32503

TITLE ~~D~~ ☒ Delete
NAME O'DONNELL, JH JR
STREET ADDRESS 1245 LAPAZ
CITY-ST-ZIP PENSACOLA FL 32506

TITLE ~~VPD~~ ☐ Delete
NAME VINSON, ROGER
STREET ADDRESS 1905 E. STRONG ST.
CITY-ST-ZIP PENSACOLA FL 32503

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 ~~PPD~~ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

William Bennett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2005 (850) 456-9740

Date Daytime Phone #