


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90067 039 \*\*\*\*61.25

<b>DOCUMENT # N30081</b> 1. Entity Name <b>PENSACOLA CAMELLIA CLUB, INC.</b>					
Principal Place of Business %J.H. O'DONNELL, JR. <b>441 BURKER HILL DRIVE</b> PENSACOLA, FL 32506			Mailing Address %J.H. O'DONNELL, JR. <b>441 BURKER HILL DRIVE</b> PENSACOLA, FL 32506		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. <i>411 BURKER HILL DRIVE</i>		Suite, Apt. #, etc. <i>411 BURKER HILL DRIVE</i>			
City & State		City & State			
Zip		Country		4. FEI Number <b>59-2366442</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>O'DONNELL, J.H. JR.</b> <b>441 BURKER HILL DRIVE</b> <b>PENSACOLA, FL 32506</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>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>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORRIS, THEKLA W 579 MAN OWAR CIRCLE CANTONMENT, FL 32533		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANG, SKIP-Y 4760 SHANNON PLACE PENSACOLA, FL 32504		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'DONNELL, MARGARET S 411 BURKER HILL DRIVE PENSACOLA, FL 32506		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOTEN, RICHARD 6510 SCENIC HIGHWAY PENSACOLA, FL 32504		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EADE, GORDON 8101 MONTICELLO DR PENSACOLA, FL 32514		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	P J.H. O'DONNELL, JR 411 BURKER HILL DRIVE PENSACOLA, FL 32506	
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.					
<b>SIGNATURE:</b> <i>J.H. O'Donnell Jr</i> <b>J.H. O'DONNELL JR</b> Dir. 1/3/2008 (850) 456-9740					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					