

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

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90068 049 \*\*\*\*61.25



**DOCUMENT # 725359**  
 1. Entity Name  
**OPTIMIST CLUB OF SANFORD, INC.**

Principal Place of Business      Mailing Address  
**333 ROSE DR.**                              **333 ROSE DR.**  
**SANFORD FL 32773**                              **SANFORD FL 32773**



1st MOORE      CR2E037 (10/04)

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                              Suite, Apt. #, etc.

City & State                              City & State

4. FEI Number      Applied For  
**23-7152529**      Not Applicable

Zip      Country      Zip      Country

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

**6. Name and Address of Current Registered Agent**  
**HARDIN, PEGGY M.**  
**333 ROSE DRIVE**  
**SANFORD FL 32771**

**7. Name and Address of New Registered Agent**  
 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	
T HARDIN, PEGGY M 333 ROSE DRIVE SANFORD FL	<input type="checkbox"/> Delete
P FRASER, RON 210 SCOTT AVE. SOUTH SANFORD FL 32771	<input checked="" type="checkbox"/> Delete
VP VANN, BETTY 220 LAKEVIEW DRIVE SANFORD FL 32773	<input checked="" type="checkbox"/> Delete
D CLINE, BILL 615 TIMBERLAKE DR. LAKE MARY FL 32746	<input type="checkbox"/> Delete
S PERSON, WALTER 1500 S. PARK AVE. SANFORD FL 32771	<input type="checkbox"/> Delete
D ROBERTSON, ROBBIE 51 NORTH HENDERSON LN. SANFORD FL 32771	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P Audrey Ogden 2412 Key Ave Sanford, FL, 32771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP Florida Babcock 761 Monroe Harbor Place Sanford, FL 32773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Peggy M. Hardin - Peggy M. Hardin      Date: 3/29/05      Daytime Phone #: 407-322-0298