

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725359

FILED
Jan 29, 2008
Secretary of State

Entity Name: OPTIMIST CLUB OF SANFORD, INC.

Current Principal Place of Business:

761 MONTOE HARBOR PLACE
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

761 MONROE HARBOR PLACE
SANFORD, FL 32773

New Mailing Address:

761 MONTOE HARBOR PLACE
SANFORD, FL 32773

FEI Number: 23-7152529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BABCOCK, GLORIDA
761 MONROE HARBOR PLACE
SANFORD, FL 32773 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: T () Delete
Name: PERSON, WALTER S JR.
Address: 257 CLYDESDALE CIRCLE
City-St-Zip: SANFORD, FL 32773

Title: P () Delete
Name: VANN, BETTY I
Address: 220 LAKEVIEW DRIVE
City-St-Zip: SANFORD, FL 32773

Title: VP () Delete
Name: CULLUM, JOHN T JR.
Address: 222 SHIRLEY AVE.
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: CLINE, RUTH A
Address: 615 TIMBERLANE DR.
City-St-Zip: LAKE MARY, FL 32746

Title: S () Delete
Name: BABCOCK, GLORIDA J
Address: 761 MONROE HARBOR PLACE
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: KING, PHILLIS J
Address: 617 TIMBERLANE DRIVE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: HARDIN, PEGGY
Address: 300 WEST AIRPORT BLVD., APPT 324
City-St-Zip: SANFORD, FL 32773

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

Title: D (X) Change () Addition
Name: CLINE, BILL
Address: 615 TIMBERLANE DR.
City-St-Zip: LAKE MARY, FL 32746

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

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

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: WALTER S. PERSON JR.

T

01/29/2008

Electronic Signature of Signing Officer or Director

_____ Date