

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725359

FILED
Jan 13, 2010
Secretary of State

Entity Name: OPTIMIST CLUB OF SANFORD, INC.

Current Principal Place of Business:

761 MONTGOMERY HARBOR PLACE
SANFORD, FL 32773

New Principal Place of Business:

761 MONROE HARBOR PLACE
SANFORD, FL 32773

Current Mailing Address:

761 MONTGOMERY HARBOR PLACE
SANFORD, FL 32773

New Mailing Address:

761 MONROE 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
Name: PERSON, WALTER S JR.
Address: 257 CLYDESDALE CIRCLE
City-St-Zip: SANFORD, FL 32773

Title: P
Name: FRASER, RONALD M
Address: 210 SOUTH SCOTT AVE.
City-St-Zip: SANFORD, FL 32771

Title: VP
Name: CULLUM, LYNN
Address: 222 SHIRLEY AVE.
City-St-Zip: SANFORD, FL 32771

Title: D
Name: AUGDEN, AUDREY
Address: 2412 KEY AVE
City-St-Zip: SANFORD, FL 32771

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

Title: D
Name: CLINE, WILLIAM D
Address: 615 TIMBERLANE DR.
City-St-Zip: SANFORD, FL 32746

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: WALTER S. PERSON JR.

T

01/13/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date