


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90031 049 ****61.25

DOCUMENT # 731033

1. Entity Name
THE OPTIMIST CLUB OF PLANT CITY, FLORIDA, INC.



00007104

Principal Place of Business
**P.O. BOX 1755
 PLANT CITY, FL 33564**

Mailing Address
**PO BOX 1755
 PLANT CITY, FL 33564**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01222005 Chg-NP CR2E037 (10/03)

City & State
 City & State

Zip Country Zip Country

4. FEI Number
59-6155184

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**EVANS, STEPHEN L
 104 N THOMAS ST
 PLANT CITY, FL 33566**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBBINS, DAVE 4121 TANNER RD DOVER, FL 33527	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SITZE, REGGIE 3325 SAM ALLEN OAKS CIRCLE PLANT CITY, FL 33565	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTSON, JAMES 2738 HORSESHOE DR PLANT CITY, FL 33567	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP STOTTEMYER, PATRICK 4004 ASTON PL PLANT CITY, FL 33567	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNOLD, WALTER 1305 W SANDALWOOD DR S PLANT CITY, FL 33568	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 817, 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: *Reggie M. Sitze* **REGGIE M. SITZE** 1/22/05 813-878-6786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #