

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731033

FILED
Mar 31, 2009
Secretary of State

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

Current Principal Place of Business:

104 N THOMAS STREET
PLANT CITY, FL 33563

New Principal Place of Business:

1702 HORSESHOE DRIVE
PLANT CITY, FL 33566 US

Current Mailing Address:

PO BOX 1755
PLANT CITY, FL 33564

New Mailing Address:

FEI Number: 59-6155184 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOODS, PAUL D MR
1702 HORSESHOE DR
PLANT CITY, FL 33566 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: D () Delete
Name: ROBBINS, DAVE
Address: 4121 TANNER RD
City-St-Zip: DOVER, FL 33527

Title: ST () Delete
Name: WOODS, PAUL D
Address: 1702 HORSESHOE DRIVE
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: ROBERTSON, JAMES
Address: 2738 HORSESHOE DR
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: STOTTLEMYER, PATRICK
Address: 4004 ASTON PL
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: ARNOLD, WALTER
Address: 1305 W SANDALWOOD DR S
City-St-Zip: PLANT CITY, FL 33566

Title: P () Delete
Name: ARNOLD, JEFFREY
Address: 4310 BARRET AVENUE
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change () Addition
Name: HICKS, STUART Y MR.
Address: 2506 DORENE DRIVE
City-St-Zip: PLANT CITY, FL 33566 US

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

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

Title: D (X) Change () Addition
Name: ARNOLD, JEFFREY
Address: 4310 BARRET AVENUE
City-St-Zip: PLANT CITY, FL 33566

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: PAUL D WOODS

ST

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date