


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 8:00 am**  
**Secretary of State**

07-07-2004 90002 014 \*\*\*\*70.00

**DOCUMENT # 737293**

1. Entity Name  
**OPTIMIST CLUB OF GULF BREEZE, FLORIDA, INC.**



Principal Place of Business  
 P.O. BOX 687  
 GULF BREEZE, FL 32562

Mailing Address  
 P.O. BOX 687  
 GULF BREEZE, FL 32562

J4060137



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

07012004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent  
**LANE, WILLIAM H**  
**2223 INVERNESS DR**  
**PENSACOLA, FL 32503**

7. Name and Address of New Registered Agent  
 Name **LEO GINN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1607 GUAM LANE**  
 City **GULF BREEZE** FL Zip Code **32563**

4. FEI Number  
**23-7008079** Applied For  
 Not Applicable

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

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 *Leo J. Ginn* **TREASURER** DATE **7/2/2004**

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SEAGER, FRED	
STREET ADDRESS	1140 WILDWOOD CIRCLE	
CITY-ST-ZIP	GULF BREEZE, FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SHIRLEY, FRED	
STREET ADDRESS	2965 ROSA DEL VILLA	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	LAND, WILLIAM H	
STREET ADDRESS	2223 INVERNESS DR	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIES, ROBERT	
STREET ADDRESS	3039 RANCHETTE SQ	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FREDEROVICH, PETE	
STREET ADDRESS	212 AZALEA STREET	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHAFFER, NEVIN	
STREET ADDRESS	110 MIDDLE PLANTATION CIR	
CITY-ST-ZIP	GULF BREEZE, FL 32561	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK MEISTER	
STREET ADDRESS	3005 ROSA DEL VILLA DR.	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	SEC	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGUERITE BURR	
STREET ADDRESS	281 PLANTATION HILL ROAD	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	TREAS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEO GINN	
STREET ADDRESS	1607 GUAM LANE	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETE DELLA RATTA	
STREET ADDRESS	3332 CRESTVIEW LANE	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON NEEDLE	
STREET ADDRESS	1187 HINDU COVE	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AL CAMPBELL	
STREET ADDRESS	951 CORONADO DRIVE	
CITY-ST-ZIP	GULF BREEZE, FL 32563	

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 lists empowered.

SIGNATURE: *Leo J. Ginn* DATE: **7/2/2004** DAYTIME PHONE #: **850-916-4376**