


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 737293
 1. Entity Name
OPTIMIST CLUB OF GULF BREEZE, FLORIDA, INC.



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

DO NOT WRITE IN THIS SPACE



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7008079	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
GINN, LEON
1607 GUAM LANE
GULF BREEZE, FL 32563

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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** *January 11, 2005*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEISTER, MARK 3005 ROSA DEL VILLA DR GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURR, MARGUERITE 281 PLANTATION HILL ROAD GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GINN, LEO 1607 GUAM LANE GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELLA RATTA, PETE 3332 CRESTVIEW LANE GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEEDLE, DON 1187 HINDU COVE GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, AL 951 CORONADO DRIVE GULF BREEZE, FL 32563

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 01/21/05-80037-012 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 like empowered.
 SIGNATURE: *Leo J Ginn* *January 11, 2005* *850-916-4376*
Signature and typed or printed name of signing officer or director Date Daytime Phone #