

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000003806

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: THE NOON OPTIMIST FOUNDATION OF OLDSMAR, FLORIDA, INC.

Current Principal Place of Business:

POST OFFICE BOX 325
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 325
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-3583725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLINGER, DON
200 MICHAELS CIRCLE
OLDSMAR, FL 34677 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: PD () Delete
Name: KLINGER, DONALD D
Address: 200 MICHAELS CIRCEL
City-St-Zip: OLDSMAR, FL 34677

Title: VPD () Delete
Name: MAINARD, CHARLES E
Address: 1706 LAGO VISTA BLVD
City-St-Zip: PALM HARBOR, FL 34685

Title: SD () Delete
Name: DUDLEY, JANET
Address: 3136 O'HARA DR.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD () Delete
Name: MAINARD, PATRICIA J
Address: 1706 LAGO VISTA BLVD
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA J MAINARD

TD

05/01/2002

Electronic Signature of Signing Officer or Director

_____ Date