

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005677

FILED  
Feb 26, 2009  
Secretary of State

**Entity Name:** OPTIMIST INTERNATIONAL YOUTH PROGRAMS FOUNDATION, INC.

**Current Principal Place of Business:**

4494 LINDELL BLVD.  
ST. LOUIS, MO 63108

**New Principal Place of Business:**

**Current Mailing Address:**

4494 LINDELL BLVD.  
ST. LOUIS, MO 63108

**New Mailing Address:**

**FEI Number:** 43-1733736

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: DV ( ) Delete  
Name: DUNN, RONNIE  
Address: 101 BRADBURN CT.  
City-St-Zip: FRANKFORT, KY 40601 US

Title: DV ( ) Delete  
Name: SIEVERS, DONALD  
Address: 215 SUNSET LANE  
City-St-Zip: JACKSON, MO 63755 US

Title: DV ( ) Delete  
Name: SHRIVER, MARK O  
Address: 301 CREEKSTONE  
City-St-Zip: WOODSTOCK, GA 30188

Title: DV ( ) Delete  
Name: TEMPLIN, GUY  
Address: 2401 ANDREW CT  
City-St-Zip: SINKING SPRING, PA 19608

Title: DV ( ) Delete  
Name: COX, CARROLLYN  
Address: 101 N. LYNNHAVEN RD  
City-St-Zip: VIRGINIA BEACH, VA 23452

Title: DST ( ) Delete  
Name: ELLERBE, BENNY  
Address: 4494 LINDELL BLVD  
City-St-Zip: ST. LOUIS, MO 63108

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DV (X) Change ( ) Addition  
Name: GARNER, KEN  
Address: 1950 ROCKBROOK CT.  
City-St-Zip: FT. WORTH, TX 76112 US

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:

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

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: THOMAS E. OWEN

CFO

02/26/2009

Electronic Signature of Signing Officer or Director

Date