

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737293

FILED  
Jan 04, 2010  
Secretary of State

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

**Current Principal Place of Business:**

1110 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 687  
GULF BREEZE, FL 32562

**New Mailing Address:**

**FEI Number:** 23-7008079

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

STANFORD, BILL  
1200 WILLOWOOD LAND  
GULF BREEZE, FL 32563 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: T  
Name: STANFORD, BILL  
Address: 1200 WILLOWOOD LANE  
City-St-Zip: GULF BREEZE, FL 32563

Title: VP  
Name: CIBULA, JIM  
Address: 511 DRACENA WAY  
City-St-Zip: GULF BREEZE, FL 32561

Title: D  
Name: NAILE, TOM  
Address: 314 ANDREW JACKSON TRAIL  
City-St-Zip: GULF BREEZE, FL 32561

Title: D  
Name: GRAY, CHARLES  
Address: 1349 GREEN VISTA LANE  
City-St-Zip: GULF BREEZE, FL 32563

Title: D  
Name: CAMPBELL, AL  
Address: 951 CORONADO DRIVE  
City-St-Zip: GULF BREEZE, FL 32563

Title: P  
Name: ADAMS, JOHN  
Address: 2947 CORAL STRIP PKWY  
City-St-Zip: GULF BREEZE, FL 32563

I hereby 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 all other like empowered.

SIGNATURE: BILL STANFORD

TREA

01/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date