

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90109 012 ****61.25

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1. Entity Name

OPTIMIST CLUB OF PENSACOLA BEACH, INC.



Principal Place of Business

**114 FAIRPOINT DR GULF
GULF BREEZE FL 32561**

Mailing Address

**PO BOX 1014
GULF BREEZE FL 32562-1014**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-4088818**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZAHM, RONALD J
114 FAIRPOINT DR.
GULF BREEZE FL 32561**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **BETTID, LEE WATSON**
STREET ADDRESS **1308 W. BELMONT ST.**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **PD** ☐ Change ☒ Addition
NAME **STUART REYNOLDS**
STREET ADDRESS **362 GULFBREEZE PARKWAY**
CITY-ST-ZIP **GULF BREEZE, FL 32561**

TITLE **VD** ☒ Delete
NAME **STEBBINS, MICHAEL**
STREET ADDRESS **10244 SUGAR CREEK PL**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **VD** ☐ Change ☒ Addition
NAME **CAROLYN TURK**
STREET ADDRESS **1600 VIA DE LUNA**
CITY-ST-ZIP **PENSACOLA BEACH, FL 32561**

TITLE **VD** ☐ Delete
NAME **LANZA, LORENE**
STREET ADDRESS **10 SABINE DR**
CITY-ST-ZIP **PENSACOLA BCH FL 32561**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **MOORE, CHRISTINE**
STREET ADDRESS **PO BOX 1014**
CITY-ST-ZIP **GULF BREEZE FL 32562-1014**

TITLE **TD** ☐ Change ☐ Addition
NAME **KENNETH TURK**
STREET ADDRESS **1600 VIA DE LUNA**
CITY-ST-ZIP **PENSACOLA BEACH, FL 32561**

TITLE **SD** ☐ Delete
NAME **BETTY, NEALE V**
STREET ADDRESS **2288 BALBOA CT.**
CITY-ST-ZIP **NAVARRE FL 32566**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BAYER, CHRISPTOPHER**
STREET ADDRESS **1001 VIA DE LUNA DR**
CITY-ST-ZIP **PENSACOLA BEACH FL 32561**

TITLE **D** ☐ Change ☒ Addition
NAME **THERESE BRANNON**
STREET ADDRESS **1625 RULEVAR MAYOR F2**
CITY-ST-ZIP **PENSACOLA BEACH, FL 32561**

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 like empowered.

SIGNATURE: *Kenneth E. Turk* **KENNETH E. TURK** 4/14/03 (850) 934-8583

CR2E037 (10/02)