

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731033

**Entity Name:** THE OPTIMIST CLUB OF PLANT CITY, FLORIDA, INC.

**Current Principal Place of Business:**

2402 DORENE DR  
PLANT CITY, FL 33563

**Current Mailing Address:**

PO BOX 1755  
PLANT CITY, FL 33564

**FEI Number: 59-6155184**

**Certificate of Status Desired: Yes**

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

KINGHORN, DAVID AH  
2402 DDORENE DR  
PLANT CITY, FL 33563 US

*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: DAVID A H KINGHORN**

**01/23/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PASTPRESIDENT  
Name STOTTLEMYER, PATRICK  
Address 4004 ASTON PL  
City-State-Zip: PLANT CITY FL 33566

Title DIRECTOR  
Name CALHOUN, RICHARD  
Address 13309 SULLIVAN MANOR CT.  
City-State-Zip: DOVER FL 33527-4030

Title P  
Name ROBBINS, DAVID  
Address 4121 TANNER RD  
City-State-Zip: DOVER FL 33527

Title V  
Name WOODS, PAUL  
Address 1702 HORSESHOE DRIVE  
City-State-Zip: PLANT CITY FL 33566

Title ST  
Name KINGHORN, DAVID  
Address 2402 DORENE DR  
City-State-Zip: PLANT CITY FL 33563-2104

Title V  
Name OGDEN, JEFF  
Address 3615 TINDLE RD  
City-State-Zip: PLANT CITY FL 33565-5451

Title D  
Name HOLLAND, JACK  
Address PO BOX 1201  
City-State-Zip: PLANT CITY FL 33564-1201

*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: DAVID A H KINGHORN**

**ST**

**01/23/2020**

Electronic Signature of Signing Officer/Director Detail

Date