

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737293

FILED
Jan 21, 2014
Secretary of State
CC2000935534

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

Current Principal Place of Business:

1110 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561

Current Mailing Address:

P. O. BOX 687
GULF BREEZE, FL 32562

FEI Number: 23-7008079

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERRING, KENT
403 SHORELINE DRIVE
GULF BREEZE, FL 32561 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DIRECTOR
Name HERRING, KENT
Address 403 SHORELINE DRIVE
City-State-Zip: GULF BREEZE FL 32561

Title DIRECTOR
Name NAILE, TOM
Address 314 ANDREWJACKSON TRAIL
City-State-Zip: GULF BREEZE FL 32561

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

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

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

Title PRESIDENT
Name MEISTER, MARK
Address 3005 ROSA DEL VISTA
City-State-Zip: GULF BREEZE FL 32563

Title DIRECTOR
Name STANFORD, WILLIAM
Address 1200 WILLOWOOD LANE
City-State-Zip: GULF BREEZE FL 32563

Title TREASURER
Name GRAY, CLARA
Address 1349 GREEN VISTA LANE
City-State-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: KENT HERRING

DIRECTOR

01/21/2014

Electronic Signature of Signing Officer/Director Detail

Date