

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737293

FILED
Jan 21, 2017
Secretary of State
CC1762686984

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: Yes

Name and Address of Current Registered Agent:

STANFORD, WILLIAM
1200 WILLOWOOD LANE
GULF BREEZE, FL 32563 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: WILLIAM STANFORD

01/21/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR
Name LENNON, JOE
Address 56 HIGHPOINT DR
City-State-Zip: GULF BREEZE FL 32561

Title TREASURER
Name HENRIQUES, DOUG
Address 1337 AUTUMN BREEZE CIRCLE
City-State-Zip: GULF BREEZE FL 32563

Title SECRETARY
Name FEDEROVICH, PETER N
Address 212 AZALEA STREET
City-State-Zip: GULF BREEZE FL 32561

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

Title DIRECTOR
Name RHODES, VERNE
Address 3731 TIGER POINT BLVD
City-State-Zip: GULF BREEZE FL 32563

Title PRESIDENT
Name ANDREWS, DEBORAH
Address 414 SHORELINE DR
City-State-Zip: GULF BREEZE FL 32561

Title DIRECTOR
Name NEWELL, LISA
Address 1374 WHISPER BAY BLVD
City-State-Zip: GULF BREEZE FL 32563

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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: WILLIAM STANFORD

DIRECTOR

01/21/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name SKELTON, DANNY

Address 2936 DUKE DR

City-State-Zip: GULF BREEZE FL 32563