

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737293

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

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

Title P  
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

*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**

**TREASURER**

**01/11/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date