

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010789

Entity Name: THE TRI-COUNTY OPTIMIST CLUB FLORIDA, INC.**Current Principal Place of Business:**2507 MAVERICK WAY
THE VILLAGES, FL 32162**Current Mailing Address:**2507 MAVERICK WAY
THE VILLAGES, FL 32162 US**FEI Number: 45-2436732****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BENSON, NEREIDA
2507 MAVERICK WAY
THE VILLAGES, FL 32162 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	TD
Name	BENSON, NEREIDA
Address	2507 MAVERICK WAY
City-State-Zip:	THE VILLAGES FL 32162

Title	DIRECTOR
Name	LASSEN, MICHAEL
Address	473 BEAULIEU LOOP
City-State-Zip:	THE VILLAGES FL 32162

Title	VP
Name	GILLMAN, SUE
Address	1889 DELWOOD WAY
City-State-Zip:	THE VILLAGES FL 32162

Title	DIRECTOR
Name	BENSON, JOHN
Address	2507 MAVERICK WAY
City-State-Zip:	THE VILLAGES FL 32162

Title	D
Name	MEYER, DAVID
Address	3175 WILLOW BROOK LANE
City-State-Zip:	THE VILLAGES FL 32162

Title	DIRECTOR
Name	CAYER, JOHN
Address	1706 BETRILLO COURT
City-State-Zip:	THE VILLAGES FL 32162

Title	PRESIDENT
Name	ANDERSON, DAVID
Address	1129 BURKE COURT
City-State-Zip:	THE VILLAGES FL 32162

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: NEREIDA BENSON**TREASURER****02/27/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date