

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010789

Entity Name: THE TRI-COUNTY OPTIMIST CLUB FLORIDA, INC.**Current Principal Place of Business:**544 LITTLE RIVER PATH
THE VILLAGES, FL 32162**Current Mailing Address:**544 LITTLE RIVER PATH
THE VILLAGES, FL 32162 US**FEI Number:** 45-2436732**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KRAEER, LINDA JO
544 LITTLE RIVER PATH
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:** LINDA JO KRAEER

02/13/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name KRAEER, LINDA JO
Address 544 LITTLE RIVER PATH
City-State-Zip: THE VILLAGES FL 32162

Title PRESIDENT
Name PHILBRICK, LOIS
Address 16812 SE 86TH ALBANY AVE
City-State-Zip: THE VILLAGES FL 32162

Title VC
Name SHARP, LAUREN
Address 732 FENWICK LOOP
City-State-Zip: THE VILLAGES FL 31263

Title SECRETARY
Name MCCARTHY, CHARLENE
Address 1378 ARBOR TRAIL
City-State-Zip: THE VILLAGES FL 31262

Title DIRECTOR
Name GILLMAN, SUE
Address 1889 DELWOOD WAY
City-State-Zip: THE VILLAGES FL 31262

Title DIRECTOR
Name HIBBARD, ED
Address 3820 FELLOWSHIP AVE
City-State-Zip: THE VILLAGES FL 31263

Title OTHER
Name LASSEN, MICHAEL
Address 473 BEAULIEU LOOP
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: LINDA KRAEER

TREASURER

02/13/2018

Electronic Signature of Signing Officer/Director Detail

Date