

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005677

**FILED**  
**Mar 02, 2021**  
**Secretary of State**  
**8064790870CC**

**Entity Name:** OPTIMIST INTERNATIONAL YOUTH PROGRAMS FOUNDATION, INC.

**Current Principal Place of Business:**

4494 LINDELL BLVD  
ST. LOUIS, MO 63108

**Current Mailing Address:**

4494 LINDELL BLVD  
ST. LOUIS, MO 63108 US

**FEI Number: 43-1733736**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 GARNER, PATSY  
Address 4494 LINDELL BLVD  
City-State-Zip: ST. LOUIS MO 63108

Title AUDIT & FINANCE CHAIR  
Name GARNER, KEN  
Address 4494 LINDELL BLVD  
City-State-Zip: ST. LOUIS MO 63108

Title JUNIOR GOLF CHAIR  
Name HEADLEY, LAWSON  
Address 4494 LINDELL BLVD  
City-State-Zip: ST. LOUIS MO 63108

Title EXECUTIVE DIRECTOR, SECRETARY  
Name ELLERBE, BENNY  
Address 4494 LINDELL BLVD  
City-State-Zip: ST. LOUIS MO 63108

Title DIRECTOR  
Name ELCOCK, ADRIAN  
Address 4494 LINDELL BLVD  
City-State-Zip: ST. LOUIS MO 63108

Title DIRECTOR  
Name LLOYD, JANET  
Address 4494 LINDELL BLVD  
City-State-Zip: ST. LOUIS MO 63108

Title DIRECTOR  
Name WEINOFF, MARK  
Address 4494 LINDELL BLVD  
City-State-Zip: ST. LOUIS MO 63108

Title DIRECTOR  
Name CYPHERS, SANDY  
Address 4494 LINDELL BLVD  
City-State-Zip: ST. LOUIS MO 63108

**Continues on page 2**

*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: BENNY ELLERBE**

**EXECUTIVE DIRECTOR**

**03/02/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DOYLE, ROBERT  
Address 4494 LINDELL BLVD  
City-State-Zip: ST. LOUIS MO 63108

Title DIRECTOR  
Name DUBOIS, LUC  
Address 4494 LINDELL BLVD  
City-State-Zip: ST. LOUIS MO 63108

Title CHAIRMAN  
Name LARIVEE, SANDRA  
Address 4494 LINDELL BLVD  
City-State-Zip: ST. LOUIS MO 63108

Title DIRECTOR  
Name WILLIAMS, SANDRA E.  
Address 4494 LINDELL BLVD  
City-State-Zip: ST. LOUIS MO 63108