

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 18, 2017
Secretary of State
CC9559976298

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

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 CHAIRMAN
Name WEINSOFF, MARK E
Address 4494 LINDELL BLVD.
City-State-Zip: ST. LOUIS MO 63108

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

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

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

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

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

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

Title DIRECTOR
Name OLIVER, JAMES A
Address 4494 LINDELL BLVD.
City-State-Zip: ST. LOUIS MO 63108

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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: CONSTANCE J. PELLOCK

EXECUTIVE DIRECTOR

03/18/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

Title DIRECTOR
Name BUTLER MONA, REBECCA
Address 4494 LINDELL BLVD.
City-State-Zip: ST. LOUIS MO 63108

Title DIRECTOR
Name PRELLAMAN, H. NICK
Address 4494 LINDELL BLVD.
City-State-Zip: ST. LOUIS MO 63108