

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 08, 2013
Secretary of State
CC8124646572

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: Yes

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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 GOLDMAN, MICHAEL
Address 4494 LINDELL BLVD.
City-State-Zip: ST. LOUIS MO 63108

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

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

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

Title DIRECTOR
Name ST-ONGE, JEAN CLAUDE
Address 4494 LINDELL BLVD.
City-State-Zip: ST. LOUIS MO 63108

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

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

Title DIRECTOR
Name PLATER, FATIMA
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: DENNIS OSTERWISCH

**EXECUTIVE
DIRECTOR/SECRETARY**

02/08/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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