

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005677

FILED
Jan 21, 2020
Secretary of State
6849375480CC

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 CHAIRMAN
Name GARNER, PATSY
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 GARNER, KEN
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 BUTLER MONA, REBECCA
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

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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: BENNY ELLERBE

EXECUTIVE DIRECTOR

01/21/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BROSE, DON
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 DIRECTOR
Name LARIVÉE, 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