

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005677

**FILED**  
**Mar 08, 2024**  
**Secretary of State**  
**1711422812CC**

**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: Yes**

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

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

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

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

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

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

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

Title DIRECTOR  
Name HAYNES, CAROL  
Address 4494 LINDELL BLVD  
City-State-Zip: SAINT 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: CHERYL L. BRENN**

**EXECUTIVE DIRECTOR**

**03/08/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

Title DIRECTOR  
Name OORD GRAVES, JAN  
Address 4494 LINDELL BLVD  
City-State-Zip: ST. LOUIS MO 63108

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

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

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