

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

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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: 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