

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 09, 2018
Secretary of State
CC3186561262

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 BROSE, DON
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 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 KONDRASUK, JAMES
Address 4494 LINDELL BLVD.
City-State-Zip: ST. LOUIS MO 63108

Title DIRECTOR
Name PRILLAMAN, H. NICK JR.
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 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

03/09/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title JOI CLUBS CHAIR
Name SCHILLER, ROBERT
Address 4494 LINDELL BLVD
City-State-Zip: ST. LOUIS MO 63108

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

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