

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005677

**FILED**  
**Apr 09, 2014**  
**Secretary of State**  
**CC3573754490**

**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 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 GARNER, PATSY  
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 KATZ, MARC D  
Address 4494 LINDELL BLVD.  
City-State-Zip: ST. LOUIS MO 63108

Title DIRECTOR  
Name OLIVER, JAMES A  
Address 4494 LINDELL BLVD.  
City-State-Zip: ST. 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: DENNIS OSTERWISCH**

**EXECUTIVE DIRECTOR**

**04/09/2014**

\_\_\_\_\_  
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 JOOI CLUBS CHAIR  
Name BROSE, DON  
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 GARNER, KENNETH  
Address 4494 LINDELL BLVD.  
City-State-Zip: ST. LOUIS MO 63108