

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005677

**FILED**  
**Mar 16, 2023**  
**Secretary of State**  
**1064997191CC**

**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	DIRECTOR	Title	JUNIOR GOLF CHAIR
Name	GARNER, PATSY	Name	HEADLEY, LAWSON
Address	4494 LINDELL BLVD	Address	4494 LINDELL BLVD
City-State-Zip:	ST. LOUIS MO 63108	City-State-Zip:	ST. LOUIS MO 63108
Title	EXECUTIVE DIRECTOR, SECRETARY	Title	DIRECTOR
Name	BRENN, CHERYL L	Name	MCFADYEN, ROBERT
Address	4494 LINDELL BLVD	Address	4494 LINDELL BLVD
City-State-Zip:	ST. LOUIS MO 63108	City-State-Zip:	ST. LOUIS MO 63108
Title	CHAIRMAN	Title	DIRECTOR
Name	LLOYD, JANET	Name	HUXLEY, TRACY
Address	4494 LINDELL BLVD	Address	4494 LINDELL BLVD
City-State-Zip:	ST. LOUIS MO 63108	City-State-Zip:	ST. LOUIS MO 63108
Title	DIRECTOR	Title	DIRECTOR
Name	THOMAS, RUSS	Name	DOYLE, ROBERT
Address	4494 LINDELL BLVD	Address	4494 LINDELL BLVD
City-State-Zip:	ST. LOUIS MO 63108	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: CHERYL L. BRENN**

**EXECUTIVE DIRECTOR**

**03/16/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MERRITT, DEBRA  
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 RICHER-DOYLE, ANN  
Address 4494 LINDELL BLVD  
City-State-Zip: SAINT LOUIS MO 63108

Title DIRECTOR  
Name GORMAN, TERRY  
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

Title AUDIT & FINANCE CHAIR  
Name GOLDMAN, MICHAEL  
Address 4494 LINDELL BLVD  
City-State-Zip: SAINT LOUIS MO 63108