

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005677

**Entity Name:** OPTIMIST INTERNATIONAL YOUTH PROGRAMS FOUNDATION, INC.**FILED**  
**Jan 23, 2019**  
**Secretary of State**  
**6515198473CC****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: 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 GARNER, PATSY  
Address 4494 LINDELL BLVD  
City-State-Zip: ST. LOUIS MO 63108

Title AUDIT & FINANCE CHAIR  
Name LLOYD, THOMAS II  
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 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 ELCOCK, ADRIAN M.  
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

**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: BENNY ELLERBE****EXECUTIVE DIRECTOR****01/23/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BROSE, DON  
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 CLAUSSEN, MARK  
Address 4494 LINDELL BLVD  
City-State-Zip: ST. LOUIS MO 63108

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

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