

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001051

Entity Name: OPTIMIST CLUB OF PENSACOLA BEACH, INC.**Current Principal Place of Business:**4120 MONTEIGNE DR
PENSACOLA, FL 32504**Current Mailing Address:**4120 MONTEIGNE DR.
PENSACOLA, FL 32504**FEI Number: 36-4088818****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUNDSTROM, DAVID A
4120 MONTEIGNE DR
PENSACOLA, FL 32504 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	PRESIDENT
Name	SUNDSTROM, BETTIE LEE
Address	4120 MONTEIGNE DR
City-State-Zip:	PENSACOLA FL 32504

Title	VP
Name	MUNDLE, TOM
Address	5 PORTOFINO DR #1806
City-State-Zip:	PENSACOLA BEACH FL 32561

Title	PASTOR
Name	RANDLE, CHUCK
Address	1427 SOUND RETREAT DR
City-State-Zip:	NAVARRE FL 32566

Title	TREASURER
Name	SUNDSTROM, DAVID A
Address	4120 MONTEIGNE DR
City-State-Zip:	PENSACOLA FL 32504

Title	DIRECTOR
Name	CAMPANELLA,, DEBBIE
Address	106 SIQUENZA DR
City-State-Zip:	PENSACOLA FL 32561

Title	DIRECTOR
Name	CRUME, GAYLE
Address	900 FORT PICKENS RD #1064
City-State-Zip:	PENSACOLA BEACH FL 32504

Title	SECRETARY
Name	CAMPANELLA, THOMAS
Address	106 SIQUENZA DR
City-State-Zip:	PENSACOLA BEACH FL 32504

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: DAVID A SUNDSTROM**TREASURER****03/19/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date