

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90027 050 ****61.25

DOCUMENT # 704575

1. Entity Name

THE OPTIMIST CLUB OF PANAMA CITY, INC.



Principal Place of Business

3340 ROBINSON BAYOU CIRCLE
P.O. BOX 15295
PANAMA CITY FL 32406

Mailing Address

3340 ROBINSON BAYOU CIRCLE
P.O. BOX 15295
PANAMA CITY FL 32406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6138414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RATHBURN, CARLISLE
3340 ROBINSON BAYOU CIRCLE
PANAMA CITY FL 32405

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME MOREL, WILLIAM E
STREET ADDRESS 1400 MASSACHUSETTS AVE
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE **VPD** ☐ Delete
NAME JONES, JOYCE
STREET ADDRESS 1400 MASSACHUSETTS AVE
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE **STD** ☐ Delete
NAME RATHBURN, CARLISLE B
STREET ADDRESS 3340 ROBINSON BAYOU CR
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE **D** ☐ Delete
NAME DRYDALE, ADAM W
STREET ADDRESS 886 PREMIER DR
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE **D** ☐ Delete
NAME TUGGLE, RICHARD B
STREET ADDRESS 122 QUEENS CR
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Carlisle B Rathburn, Jr.* **CARLISLE B RATHBURN, JR.** **APR 5, 2005** **850-785-0584**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #