2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704575

FILED Jan 18, 2009 Secretary of State

Entity Name: THE OPTIMIST CLUB OF PANAMA CITY, INC.

Current Principal Place of Business:				New Principal Place of Business:			
3340 ROBINSON BAYOU CIRCLE P.O. BOX 15295 PANAMA CITY, FL 32406				3340 ROBINSON BAYOU CIRCLE PANAMA CITY, FL 32406			
Current Mailing Address:				New Mailing Address:			
3340 ROBINSON BAYOU CIRCLE P.O. BOX 15295 PANAMA CITY, FL 32406				3340 ROBINSON BAYOU CIRCLE PANAMA CITY, FL 32406			
FEI Number	: 59-6138414	FEI Number Applied For ()	FEI Number Not A	applicable ()	Certificate of Status Desire	ed ()	
Name and	l Address of C	urrent Registered Agent:	Name a	nd Address o	f New Registered Agent:		
3340 ROB PANAMA (The above	RN, CARLISLE INSON BAYOL CITY, FL 3240 named entity se of Florida.		urpose of changin	ng its registered	d office or registered agent,	or both,	
SIGNATUI		ic Signature of Registered Age	nt		Date		
OFFICER	S AND DIREC				S TO OFFICERS AND DI	BECTOR	
				ONS/CHANGE		RECTORS	
Title: Name: Address: City-St-Zip:	PPD () MOREL, WILLI 1400 MASSACH LYNN HAVEN, F	HUSETTS AVE	Title: Name: Address: City-St-Zi _l	p:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	PD () JONES, JOYCE 1400 MASSACH LYNN HAVEN, F	HUSETTS AVE	Title: Name: Address: City-St-Zi _l	MOREL, JO` 1400 MASSA	ACHUSETTS AVE		
Title: Name: Address: City-St-Zip:	STD () RATHBURN, CA 3340 ROBINSO PANAMA CITY,	N BAYOU CR	Title: Name: Address: City-St-Zi _l	p:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () DRYDALE, ADA 886 PREMIER I PANAMA CITY,	DR	Title: Name: Address: City-St-Zi _l	DAWSEY, E 886 PREMIE	R DR		
Title: Name: Address: City-St-Zip:	VPD () TUGGLE, RICH 122 QUEENS C PANAMA CITY,	R	Title: Name: Address: City-St-Zi _l		()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () DAY, JAMES H 2328 EAST BAL PANAMA CITY,		Title: Name: Address: City-St-Zi _l	p:	() Change() Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOYCE MOREL PD 01/18/2009