

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90026 031 \*\*\*\*61.25

<b>DOCUMENT # 705093</b>					
<b>1. Entity Name</b> OPTIMIST CLUB OF ARLINGTON, FLORIDA, INC.					
<b>Principal Place of Business</b> 10374 DEERFOOT LANE N JACKSONVILLE, FL 32257 US			<b>Mailing Address</b> 10374 DEERFOOT LANE N JACKSONVILLE, FL 32257 US		
<b>2. Principal Place of Business - No P.O. Box</b> 10374 DEERFOOT LN N Suite, Apt. #, etc.		<b>3. Mailing Address</b> SAME Suite, Apt. #, etc.		40110000	
<b>City &amp; State</b> JACKSONVILLE, FL		<b>City &amp; State</b> JACKSONVILLE, FL		<b>4. FEI Number</b> 59-6168874	
<b>Zip</b> 32257		<b>Country</b> DUAL		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GERMAN, CARLETON A 10374 DEERFOOT LANE N JACKSONVILLE, FL 32257			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b> SIGNATURE:  CARLETON A. GERMAN DATE: 5/9/07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> STD <b>NAME</b> GERMAN, CARLTON A <b>STREET ADDRESS</b> 10374 DEERFOOT LANE N <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> SNYDER, DICK <b>STREET ADDRESS</b> 5362 OAK BAY DR N <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> BUCHANAN, DICK <b>STREET ADDRESS</b> 1743 HOLLY OAK DR <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> MARIANO MENDEZ <b>STREET ADDRESS</b> 11515 SWORDFISH DR <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> NEWTON, LOREN <b>STREET ADDRESS</b> 4566 OAK BAY DR. W. <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32277	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> PFEIFFER, JAMES <b>STREET ADDRESS</b> 1142 ALDERMAN RD. E. <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32211	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> MENDEZ, MARIANO <b>STREET ADDRESS</b> 11515 SWORDFISH DR <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> CARLETON A. GERMAN			5/10/07 904/268-0873 <small>Date Daytime Phone #</small>		