

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707067

FILED  
Jan 25, 2009  
Secretary of State

Entity Name: OPTIMIST CLUB OF OCALA, INC.

## Current Principal Place of Business:

322 S.E. 31ST TERRACE  
OCALA, FL 344712821 US

## New Principal Place of Business:

1804 NW 24TH AVE  
OCALA, FL 34475 US

## Current Mailing Address:

P.O. BOX 786  
OCALA, FL 34478

## New Mailing Address:

FEI Number: 59-0219116

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEADON, MARY L  
1804 NW 24TH AVE  
OCALA, FL 34475 US

## Name and Address of New Registered Agent:

BRADDON, MARY L  
1804 NW 24TH AVE  
OCALA, FL 34475 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: MARY L. BRADDON

01/25/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BRADDON, ALONZO  
Address: 1804 NW 24 AVE  
City-St-Zip: OCALA, FL 34475

Title: ST ( ) Delete  
Name: BRADDON, MARY  
Address: 1804 NW 24TH ST  
City-St-Zip: OCALA, FL 34475

Title: D ( ) Delete  
Name: LONG, JUDY  
Address: 2001 NE 17TH PL  
City-St-Zip: OCALA, FL 34470

Title: D ( ) Delete  
Name: MORENO, BONNIE  
Address: 3801 SE 21ST PL  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: HAMILTON, MABLE  
Address: 6401 SE 3RD ST  
City-St-Zip: OCALA, FL 34472

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: AVALON, WAYNE  
Address: 3808 NE 17 ST  
City-St-Zip: OCALA, FL 34471

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALONZO BRADDON

P

01/25/2009

Electronic Signature of Signing Officer or Director

Date