2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2008 8:00 am
Secretary of State
05-13-2008 90018 015 ****61.25

DOCUMENT # 708064

1. Entity Name

THE OPTIMIST CLUB OF RIVERSIDE, INC.

Principal Place of Business	Mailing Address
5931 BUCKLEY DRIVE JACKSONVILLE FL 32207 US	5931 BUCKLEY DRIVE JACKSONVILLE FL 32207 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1783 Oleander Place	1783 Oleandee Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville FL
Zip: 32210 Country: Duval	Zip: 32210 Country: Duval

4. FEI Number: 59-3119087 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LIND, RENEE
8973 MOSEY ALONG COURT
JACKSONVILLE FL 32221

7. Name and Address of New Registered Agent

Name: Don Drinkwater
Street Address (P.O. Box Number is Not Acceptable): 1783 Oleander Place
City: Jacksonville FL Zip Code: 32210

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ DRINKWATER, DON 1783 OLEANDER PL JACKSONVILLE FL 32210	☐ Delete	Secretary/Treasurer Don Drinkwater 1783 Oleander Place Jacksonville, FL 32210	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHAPMAN, RUSS 5931 BUCKLEY DRIVE JACKSONVILLE FL 32244	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALI, ASSAF 1605 WOODMERE DRIVE JACKSONVILLE FL 32210	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LIND, RENEE 8973 MOSEY ALONG COURT JACKSONVILLE FL 32221	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: D.S. Drinkwater DON DRINKWATER 4/24/8