


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # 709472 1. Entity Name THE OPTIMIST CLUB OF SEMINOLE, INC.			
Principal Place of Business 6401 RIVERBEND CIR. TAMPA FL 33610 US		Mailing Address 6401 RIVERBEND CIR. TAMPA FL 33610 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037. (11/03)

4. FEI Number AP-PLIED FOR		Applied For Not Applied
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent ORDIWAY, ALVIN S 6401 RIVERBEND CIR TAMPA FL 33610	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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	AM ORDIWAY, ALVIN SR. <input type="checkbox"/> Delete	TITLE	
NAME	ORDIWAY, ALVIN SR.	NAME	
STREET ADDRESS	6401 RIVERBEND CIR	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	FERNANDEZ, JOE	NAME	
STREET ADDRESS	PO BOX 7924	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33673	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	ORDIWAY, ALVIN JR.	NAME	
STREET ADDRESS	6408 N. 42ND ST	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	NOLD, AMY	NAME	
STREET ADDRESS	6404 RIVERBEND CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	
NAME	ORDIWAY, VIRGINIA	NAME	
STREET ADDRESS	6401 RIVERBEND CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

000000013963
01/27/04-80004-001 61.25

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Virginia Ordway* *Virginia Ordway* 1/22/04 813-626-736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #