
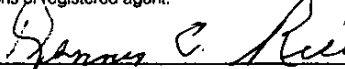
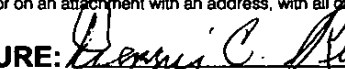


FILED
Apr 25, 2008 8:00 am
Secretary of State

DOCUMENT # 711573				Secretary of State 04-25-2008 90134 013 ****61.25	
1. Entity Name THE OPTIMIST CLUB OF THE BEACHES, PANAMA CITY, FLORIDA, INC.					
Principal Place of Business 202 WOODLAWN DRIVE PANAMA CITY BEACH, FL 32407		Mailing Address 202 WOODLAWN DRIVE PANAMA CITY BEACH, FL 32407			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01262008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1166445		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RICH, DENNIS C. 202 WOODLAWN DRIVE PANAMA CITY, FL 32402			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 		DENNIS C RICH		4/22/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D ELLIS, OTIS G 20627 FRONT BCH RD PANAMA CITY BEACH, FL 32413	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HENDERSON, BILLY 132 ESCANABA AVE PANAMA CITY BEACH FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NELSON, KEN 153 HEATHER DRIVE PANAMA CITY BEACH, FL 32413	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, JOHN 128 PALM CROSSING BLVD. PANAMA CITY BCH, FL 32408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICH, DENNIS C 202 WOOLAWN DR PANAMA CITY BCH, FL 32407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV REIDY, BILL 130 RUSTY GANS DR PANAMA CITY, FL 32408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENDERSON, BILLY 132 ESCANABE AVENUE PANAMA CITY BEACH, FL 32413	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERT PARKS 136 ESCANABA AVE PANAMA CITY BEACH FL 32413	
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.					
SIGNATURE: 		DENNIS C RICH		4/22/08 (850) 234-3151	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	