

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90004 026 ****61.25

DOCUMENT # 712294

1. Entity Name

THE OPTIMIST CLUB OF MARIANNA, FLORIDA, INC.



Principal Place of Business

2998 CALEDONIA ST.
P.O. BOX 943
MARIANNA FL 32447
US

Mailing Address

2998 CALEDONIA ST.
P.O. BOX 943
MARIANNA FL 32447
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-6178206

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWAILS, JAMES L.
2998 CALEDONIA ST.
MARIANNA FL 32446

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE **P** ☒ Delete
NAME **STOUFAMIRE, KENNETH T**
STREET ADDRESS **3042 4TH ST**
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **D** ☐ Delete
NAME **CENTERS, LOWELL**
STREET ADDRESS **4573 RED OAK TRACE**
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **D** ☒ Delete
NAME **HILL, EDWIN G**
STREET ADDRESS **7336 HWY 90**
CITY-ST-ZIP **GRAND RIDGE FL 32442**

TITLE **VP** ☐ Delete
NAME **FRANK, DONALD M**
STREET ADDRESS **4089 WHIPERING PINES**
CITY-ST-ZIP **GREENWOOD FL 32443**

TITLE **TS** ☐ Delete
NAME **SWAILS, JAMES L.**
STREET ADDRESS **2998 CALEDONIA ST.**
CITY-ST-ZIP **MARIANNA FL**

TITLE **VP** ☐ Delete
NAME **WIGGINS, WALTER S**
STREET ADDRESS **4656 THE OAKS DR**
CITY-ST-ZIP **MARIANNA FL 32446**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Change ☒ Addition
NAME **ARTHUR L. BAKER**
STREET ADDRESS **3690 BURBANK RD**
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **VP** ☐ Change ☒ Addition
NAME **WILLIAM A. KLEINHANS**
STREET ADDRESS **4343 ANGELA RD**
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
NAME **DONALD M. FRANK**
STREET ADDRESS **4089 WHIPERING PINES**
CITY-ST-ZIP **GREENWOOD FL 32443**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition
NAME **WALTER S. WIGGINS**
STREET ADDRESS **4656 THE OAKS DR**
CITY-ST-ZIP **MARIANNA FL 32446**

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:

James L Swails James L. Swails

2-21-06 (850) 526-4690