

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90055 046 ****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

60002379



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-6178206

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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 VP
NAME BAKER, ARTHUR L ☒ Delete
STREET ADDRESS 3690 BURBANK ROAD
CITY-ST-ZIP MARIANNA, FL 32446

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

TITLE D
NAME KLEINHANS, WILLIAM ☒ Delete
STREET ADDRESS 4343 ANGELA DRIVE
CITY-ST-ZIP MARIANNA, FL 32446

TITLE P
NAME FRANK, DONALD M ☒ Delete
STREET ADDRESS 4089 WHIPERING PINES
CITY-ST-ZIP GREENWOOD, FL 32443

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition
NAME BAKER, ARTHUR L
STREET ADDRESS 3690 BURBANK ROAD
CITY-ST-ZIP MARIANNA, FL 32446

TITLE VP ☐ Change ☒ Addition
NAME DON L. JONES
STREET ADDRESS 4338 ANGELA DR
CITY-ST-ZIP MARIANNA FL 32446

TITLE VP ☒ Change ☐ Addition
NAME WILLIAM LONG
STREET ADDRESS 3774 OLD US ROAD
CITY-ST-ZIP MARIANNA FL 32446

TITLE D ☒ Change ☐ Addition
NAME CHARLES L BRASHER
STREET ADDRESS 4672 SHANKLE DR
CITY-ST-ZIP MARIANNA, FL 32446

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

TITLE D ☒ Change ☐ Addition
NAME PINO Tuta
STREET ADDRESS 1250 FAIRVIEW RD
CITY-ST-ZIP MARIANNA, FL 32448

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:

James L Swails **JAMES L. SWAILS** 1-4-07 850.576.4690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #