


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90076 002 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	P BAKER, ARTHUR <input checked="" type="checkbox"/> Delete 3690 BURBANK ROAD MARIANNA, FL 32446		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P William Long <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3774 Old US Road MARIANNA FL 32446	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, DON L <input type="checkbox"/> Delete 4338 ANGELA DR MARIANNA, FL 32446		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jeremy Shields <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2977 SPRING ST MARIANNA FL 32446	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEINHANS, WILLIAM <input checked="" type="checkbox"/> Delete 4343 ANGELA DRIVE MARIANNA, FL 32446		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRASHER, CHARLES L <input type="checkbox"/> Delete 4672 SHANKLE DR MARIANNA, FL 32446		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SWAILS, JAMES L. <input type="checkbox"/> Delete 2998 CALEDONIA ST. MARIANNA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D PLINKO, TUTA <input type="checkbox"/> Delete 1250 FAIRVIEW RD MARIANNA, FL 32448		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <i>James L. Swails</i> 1-7-08 (850) 526-4690 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					