

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712294

FILED
Apr 06, 2009
Secretary of State

Entity Name: THE OPTIMIST CLUB OF MARIANNA, FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

2998 CALEDONIA ST.
MARIANNA, FL 32447 US

Current Mailing Address:

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

New Mailing Address:

2998 CALEDONIA ST.
MARIANNA, FL 32447 US

FEI Number: 59-6178206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LONG, WILLIAM
Address: 3774 OLD US RD
City-St-Zip: MARIANNA, FL 32446

Title: VP () Delete
Name: SHEILDS, JEREMY
Address: 2977 SPRING ST
City-St-Zip: MARIANNA, FL 32446

Title: VP () Delete
Name: JONES, DON L
Address: 4338 ANGELA DR
City-St-Zip: MARIANNA, FL 32446

Title: P () Delete
Name: BRASHER, CHARLES L
Address: 4672 SHANKLE DR
City-St-Zip: MARIANNA, FL 32446

Title: TS () Delete
Name: SWAILS, JAMES L.
Address: 2998 CALEDONIA ST.
City-St-Zip: MARIANNA, FL

Title: VP (X) Delete
Name: PLINIO, TUTA
Address: 1250 FAIRVIEW RD
City-St-Zip: MARIANNA, FL 32448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JONES, DON L
Address: 4338 ANGELA DR
City-St-Zip: MARIANNA, FL 32446

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: BRASHER, CHARLES L
Address: 4672 SHANKLE DR
City-St-Zip: MARIANNA, FL 32446

Title: TS (X) Change () Addition
Name: SWAILS, JAMES L
Address: 2998 CALEDONIA ST.
City-St-Zip: MARIANNA, FL 32446

Title: DIR (X) Change () Addition
Name: PLINIO, TUTA
Address: 1250 FAIRVIEW ROAD
City-St-Zip: MARIANNA, FL 32448

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L. SWAILS

TS

04/06/2009

Electronic Signature of Signing Officer or Director

Date