

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712294

FILED
Jan 16, 2012
Secretary of State

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

Current Principal Place of Business:

2998 CALEDONIA ST.
MARIANNA, FL 32446 US

New Principal Place of Business:

Current Mailing Address:

2998 CALEDONIA ST.
MARIANNA, FL 32446 US

New Mailing Address:

FEI Number: 59-6178206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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
Name: CENTERS, LOWELL
Address: 4513 RED OAK TRACE
City-St-Zip: MARIANNA, FL 32446 24

Title: VP
Name: SMITH, RONALD F
Address: 4331 4TH ST
City-St-Zip: MARIANNA, FL 32446

Title: DIR
Name: HOFF, GLEN A
Address: 2633 CHACTAW TRAIL.
City-St-Zip: MARIANNA, FL 32446 68

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

Title: P/P
Name: MERCER, WADE
Address: 3246 DELLWOOD CYPRESS RD.
City-St-Zip: MARIANNA, FL 32446

Title: DIR
Name: HARRISON, RALPH
Address: 2393 RUSS RD.
City-St-Zip: MARIANNA, FL 32446

I hereby 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 all other like empowered.

SIGNATURE: JAMES L. SWAILS

S/T

01/16/2012

Electronic Signature of Signing Officer or Director

Date