

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90449 042 \*\*\*\*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**

**90000508**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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 James L. Swails Sec/Treas James L Swails 1-8-03  
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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>GRAINGER, THOMAS L</b><br><b>3264 HWY 73</b><br><b>MARIANNA FL 32446</b>      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>CLIKAS, PHILLIP M</b><br><b>2940 ROSS STREET</b><br><b>MARIANNA FL 32446</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>PERDUE, JAMES T</b><br><b>4335 80TH AVE</b><br><b>MARIANNA FL 32446</b>       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>MCDONALD, BERT K</b><br><b>2674 CHOCTAW TRL</b><br><b>MARIANNA FL 32446</b>  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TS</b><br><b>SWAILS, JAMES L.</b><br><b>2998 CALEDONIA ST.</b><br><b>MARIANNA FL</b>      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>HILL, EDWIN G SR.</b><br><b>7336 HWY 90</b><br><b>GRAND RIDGE FL 32442</b>    | <input checked="" type="checkbox"/> Delete |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V.P.</b><br><b>Kenneth T. Stoutamire</b><br><b>P.O. Box 479</b><br><b>MARIANNA, FL 32447</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V.P.</b><br><b>HARRY E. DARROW</b><br><b>4460 River Rd.</b><br><b>MARIANNA, FL 32446</b>     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DIR</b><br><b>Ralph W Harrison</b><br><b>2993 Russ Rd.</b><br><b>MARIANNA, FL 32446</b>      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>James D Tyler Jr</b><br><b>3340 CAVERNS Rd</b><br><b>MARIANNA, FL 32446</b>      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>John D. Corbin</b><br><b>2622 CHOCTAW TRL</b><br><b>MARIANNA FL 32446</b>        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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 Sec/Treas James L Swails 1-8-03 850-526-4690  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)