

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90030 003 \*\*\*\*61.25

**DOCUMENT # 726239**

1. Entity Name

**OPTIMIST CLUB OF ST. PETERSBURG, FLORIDA,  
INC.**



Principal Place of Business

**7902 SAILBOAT KEY BV  
103  
SAINT PETERSBURG FL 33707**

Mailing Address

**7902 SAILBOAT KEY BV  
103  
SAINT PETERSBURG FL 33707**



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

1st MOORE

CR2E037 (10/07)

4. FEI Number

**59-6136857**

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

**HIEPE, EDWIN  
7902 SAILBOAT KEY BLVD  
#103  
SAINT PETERSBURG FL 33707**

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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	D	<input type="checkbox"/> Delete
NAME	IVEY, MARVIN	
STREET ADDRESS	14452 HILLVIEW DRIVE	
CITY- ST- ZIP	LARGO FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEWIS, SUE	
STREET ADDRESS	5226 23RD AVE SOUTH	
CITY- ST- ZIP	GULFPORT FL 33707	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARNHILL, TOM	
STREET ADDRESS	4026 26TH AVENUE NORTH	
CITY- ST- ZIP	SAINT PETERSBURG FL 33713	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BERGHAMMER, NANCY	
STREET ADDRESS	1200 - 28TH AVE N	
CITY- ST- ZIP	ST PETERSBURG FL 33704	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BOURGEOIS, EDGAR	
STREET ADDRESS	2700-46 ST NO	
CITY- ST- ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VREELAND, JOHN	
STREET ADDRESS	1930 LAUGHING GULL LANE, #1212	
CITY- ST- ZIP	CLEARWATER FL 33762	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELIDA YATES	
STREET ADDRESS	334-46th Ave No 11226	
CITY- ST- ZIP	ST PETERSBURG, FL 33707	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHLEEN PRINCE	
STREET ADDRESS	6635 DORCHESTER DR NO	
CITY- ST- ZIP	ST. PETERSBURG FL 33702	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Edgar Bourgeois EDGAR BOURGEOIS 1-29-08 727-321 7183**