

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726239

FILED
Jan 28, 2009
Secretary of State

Entity Name: OPTIMIST CLUB OF ST. PETERSBURG, FLORIDA, INC.

Current Principal Place of Business:

7902 SAILBOAT KEY BV
103
SAINT PETERSBURG, FL 33707

New Principal Place of Business:

Current Mailing Address:

7902 SAILBOAT KEY BV
103
SAINT PETERSBURG, FL 33707

New Mailing Address:

FEI Number: 59-6136857 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HIEPE, EDWIN
7902 SAILBOAT KEY BLVD
#103
SAINT PETERSBURG, FL 33707 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: D () Delete
Name: IVEY, MARVIN
Address: 14452 HILLVIEW DRIVE
City-St-Zip: LARGO, FL

Title: VPD () Delete
Name: LEWIS, SUE
Address: 5226 23RD AVE SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: PD () Delete
Name: YATES, MELIDA
Address: 334-48 AVE N 226
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: D () Delete
Name: BERGHAMMER, NANCY
Address: 1200 - 28TH AVE N
City-St-Zip: ST PETERSBURG, FL 33704

Title: TD () Delete
Name: BOURGEOIS, EDGAR
Address: 2700-46 ST NO
City-St-Zip: ST PETERSBURG, FL

Title: D () Delete
Name: PRINCE, KATHLEEN
Address: 6635 ORCHARD DR N
City-St-Zip: SAINT PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: EDGAR BOURGEOIS

TREA

01/28/2009

Electronic Signature of Signing Officer or Director

Date