

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90030 036 ****61.25

DOCUMENT # 727897 1. Entity Name OPTIMIST CLUB OF FERNANDINA BEACH, INC.																																																																																
Principal Place of Business BOX 296 FERNANDINA BCH, FL 32035-0296 US			Mailing Address BOX 296 FERNANDINA BCH, FL 32035																																																																													
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																													
City & State			City & State																																																																													
Zip		Country		Zip																																																																												
Country		Country		4. FEI Number 23-7299729																																																																												
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																																																																												
6. Name and Address of Current Registered Agent GOODBREAD, CLYDE 837 TARPON AVE FERNANDINA BEACH, FL 32034				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																												
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.				DATE																																																																												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE																																																																												
Filing Fee is \$61.25 Due by May 1, 2004		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																																																																												
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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: <i>Clyde Goodbread</i> Clyde Goodbread, Secretary-Treas. Jan-27-04 904/261-8133																																																																																