

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90121 001 \*\*\*\*61.25

<b>DOCUMENT # 727897</b> 1. Entity Name <b>OPTIMIST CLUB OF FERNANDINA BEACH, INC.</b>					
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	4. FEI Number <b>23-7299729</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>GOODBREAD, CLYDE</b> <b>837 TARPON AVE</b> <b>FERNANDINA BEACH, FL 32034</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	X/D CROW, JOHN DAVID 698 S. 18TH STREET FERNANDINA BCH, FL 32034		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROW John David 698 S. 18TH Street Fernandina Bch, FL 32034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN, DEW 603 SOUTH FLETCHER AVE. FERNANDINA BEACH, FL 32034		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDA GRANT, Dawn 226 Sea Woods Drive Fernandina Bch FL 32034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LORENSTON, AL 1116 NATURES WALK DR. FERNANDINA BEACH, FL 32034		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORENSTON, AL 1116 Natures Walk Dr. Fernandina Bch, FL 32034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, STEVEN 1235 SOUTH 10TH STREET FERNANDINA BEACH, FL 32034		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GOODBREAD, CLYDE 837 TARPON AVENUE FERNANDINA BCH, FL 32034		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLYOUNG, LYNETTE 710 WILLYOUNG ROAD YULEE, FL 320973554		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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.					
<b>SIGNATURE:</b> <b>Clyde Goodbread, Secretary-Treasurer</b> 4/28/05 9042618133					