


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 727897</b> 1. Entity Name <b>OPTIMIST CLUB OF FERNANDINA BEACH, INC.</b>	
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Principal Place of Business <b>BOX 296 FERNANDINA BCH, FL 32035-0296 US</b>	Mailing Address <b>BOX 296 FERNANDINA BCH, FL 32035</b>
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04232008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>23-7299729</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LOWE, MARY  
290 MARSH LAKE DR  
FERNANDINA BEACH, FL 32034**

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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>	DATE _____
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p> <p>000000925343 05/20/08-80024-003 61.25</p>

10. OFFICERS AND DIRECTORS

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	VD GRANT, DAWN 226 SEA WOODSD DR FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORENSTON, AL 1116 NATURES WALK DR. FERNANDINA BEACH, 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	ST LOWE, MARY 290 MARSH LAKES DR FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLYOUNG, LYNETTE 710 WILLYOUNG ROAD YULEE, FL 320973554

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Mary C. Lowe Mary C. Lowe 4-23-08 (904) 261-6523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #