2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#730269

FILED Apr 23, 2009 Secretary of State

Entity Name: THE COCOA BEACH OPTIMIST CLUB, INC,

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
PO BOX 165 CAPE CANVERAL, FL 32920 US				231 CORAL DR CAPE CANVERAL, FL 32920 US	
Current Mailing Address:			New Maili	New Mailing Address:	
PO BOX 16 CAPE CAN	65 NVERAL, FL 32920	US			
FEI Number:	23-7327055 FEIN	lumber Applied For() F	El Number Not Appl	licable () Certificate of Status Desired ()	
Name and	Address of Curren	t Registered Agent:	Name and	Address of New Registered Agent:	
231 CORA	L, GEORGE S 'BUD' L DR NAVERAL, FL 32920	US			
	named entity submit of Florida.	s this statement for the purp	ose of changing it	its registered office or registered agent, or both,	
SIGNATUF	RE:				
	Electronic Sign	nature of Registered Agent		Date	
OFFICERS	S AND DIRECTORS	:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete ETHERIDGE, DIANA 607 N TROPICAL TRAI MERRITT ISLAND, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () Delete CAMPBELL, KIMBERL 231 CORAL DR CAPE CANAVERAL, FL		Title: Name: Address: City-St-Zip:	S (X) Change () Addition CAMPBELL, KIMBERLY 231 CORAL DR CAPE CANAVERAL, FL 32920	
Title: Name: Address: City-St-Zip:	D () Delete WATSON, OTTO 300 COLUMBIA DR., #/ CAPE CANAVERAL, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete CLEMENT, JANET 300 COLUMBIA DR # 2 CAPE CANAVERAL, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete RASMUSSEN, ERIK 300 COLUMBIA DR., # CAPE CANAVERAL, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete GRUMBLATT, RUTH 3400 OCEAN BEACH E COCOA BEACH, FL 32		Title: Name: Address: City-St-Zip:	P (X) Change () Addition GUFFERY, CAROLYN 2100 N ATLANTIC AVE COCOA BEACH, FL 32931	

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: KIMBERLY CAMPBELL S 04/23/2009